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RP
5-10-01

1983 FORM

FORM TO BE USED BY PRISONERS IN FILING A COMPLAINT
UNDER THE CIVIL RIGHTS ACT, 42 USC § 1983

KIM SMITH CT-2162

~~P.O. BOX 999~~~~1120 PIKE ST.~~~~HUNTINGDON PA 16652~~

(Enter above the full name of the plaintiff
or plaintiffs in this action)

In the United States District
Court for the Middle
District of Pennsylvania

FILED
SCRANTON

MAY 10 2001

PER RMF
DEPUTY CLERK

1 : CV 01 - 0817

vs.

~~MR WEAVER CORRECT HEALTH CARE ADM~~~~P.O. BOX 999~~~~1120 PIKE ST.~~~~HUNTINGDON PA. 16652 ET, AL~~

(Enter above the full name of the defendant
or defendants in this action)

I. Previous Lawsuits

- A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action or otherwise relating to your imprisonment?

Yes x No

T.R.O. FROM ABUSE WITH SCANTON

- B. If your answer to A. is yes, describe each lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline).

T.R.O. FROM ABUSE OF MEDICAL STAFF IN THE FAILURE TO TREAT
SERIOUS MEDICAL PROBLEM, SLEEP APNEA, WHERE PETITIONER WILL
STOP BREATHING IN AN HOUR 16 OR MORE TIMES AT 16 OR MORE
SECOND EACH TIME.

Assault by staff June 16, 2000 C.O. repeatedly
forced inmates face into wall without cause or reason for
force - knocking out front teeth E.D.

1. Parties to this previous lawsuit

Plaintiffs: KIM SMITH CT-2162P.O. BOX 999 1120 PIKE ST. HUNTINGDON PA. 16652Defendants: MR. WEAVER CORRECTION HEALTH CARE ADM.P.O. BOX 999 1120 PIKE ST. HUNTINGDON PA. 16652OTHER PARTIES NOT LISTED

2. Court (if federal court, name the district: if state court, name the county).

HUNTINGDON COUNTY3. Docket Number NOT YET DOCKETED

4. Name of judge to whom case was assigned:

UNKNOWN

5. Disposition (for example: was the case dismissed? Was it appealed? Is it still pending?)

NOT YET ~~REXEXX~~ DECIDED6. Approximate date of filing lawsuit: OCT. 1, 19997. Approximate date of disposition: UNKNOWNII. Place of Present Confinement: S.C.I. SMITHFIELDA. Is there a prisoner grievance procedure in this institution? Yes X No
A GREAT NUMBER, NO ADM. RELIEF, ABUSE CONTINUESB. Did you present the facts relating to your complaint in the state prisoner grievance procedure? Yes X No

C. If your answer is YES:

*Insurance to Corp. Will no action taken*1. What steps did you take? REQUEST TO DR LONG AND MR WEAVER
AND OTHER HEARTH CARE PERSONEL, CONTACTED THE D.O.C. CLIFFORDO'HARA, S. HEASTER, BUREAU OF HEALTH CARE C. MCVEY, AND OTHER PARTI

2. What was the result?

REJECTED NO ACTION TAKEN, NO TREATMENT GIVEN, EVEN THOUGH APPROVED
FOR TREATMENT BY WEXFORD THE INSTITUTIONAL MEDICAL STAFF HAS FAIL-
ED IN THIER RESPONSIBILITY TO TREAT, REFUSAL TO BE TREATED FOR SORES
ON BODY, FOOT CREAM, ARTHRITS IN KNEE AND LOWER BACK, LOWER BACK
PROBLEM, THE AGGERVATING OF A PRE-EXISTING INJURY LEFT WRIST WHERE
BONES ARE OVER LAPPING, SLEEP APENA PROBLEM STOMACK PROBLEMS, AND
A CONTINUING LOSS OF WEIGHT.

D. If your answer is NO, explain why not: _____

III. Parties

(In Item A below, place your name in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any).

A. Name of plaintiff KIM SMITH CT-2162

Address P.O. BOX 999 1120 PIKE ST. HUNTINGDON PA. 16652

(In Item B below, place the full name of the defendant in the first blank, his official position in the second blank, and his place of employment in the third blank. Use Item C for the names, positions, and places of employment of any additional defendants).

B. Defendant MR. WEAVER CHCA is

employed as S.C.I. SMITHFIELD/ OR WEXFORD HEALTH at

P.O. BOX 999, 1120 PIKE ST. HUNTINGDON PA. 16652

C. Additional Defendants: DR. LONG, K. ALLEN, K GROVE, PAT YARGER
MR. WEAVER, SUPT MORGAN, MRS BURKS, MR MORDER, MR BIVANIO, DR.

JOHNS, H. ZIMMERMAN, P.O. BOX 999, 1120 PIKE ST, HUNTINGDON AR

PA. 16652. WEXFORD HEALTH, BUREAU OF HEALTH CARE CAMP HILL PA.

IV. Statement of Claim: 17001, ET AL, ADDRESSES AND NAMES NOT KNOWN AT THIS TIME.

State here as briefly as possible the facts of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheet if necessary).

SINCE 1995 I HAVE HAD A NUMBER OF MEDICAL PROBLEMS, AND WHEN SHIP FROM CAMP HILL TO S.C.I. SMITHFIELD IT WAS DONE WITH THEM KNOWING I HAD A NUMBER OF HEALTH PROBLEMS INCLUDING A DOUBLE HERNIA. AT SMITHFIELD I WAS TREATED FOR HERNIA AND OTHER HEALTH PROBLEMS, THEN THE STATE STARTED A CO-PAY POLICY IN WHICH AI WAS CHARGE REPEATEDLY THIS CO-PAY FOR CHRONIC HEALTH PROBLEMS IN WHICH I HAD BEEN TREATED FOR, FOR OVER A YEAR, THEN WHEN MAKING STATEMENT ABOUT THESE ISSUES THE DR'S HOFFMAN AND KAUFFMAN TOOK ME OFF OF MEDICATION AND HAVE SINCE REFUSED₃ TO RENEW THEM. AFTER A NUMBER OF TEST

TO DETERMINE THE SLEEP APNEA, AND THE TREATMENT AFTER BEING ~~XXXXXX~~ APPROVED FOR THE TREATMENT, DR. LONG TOLD ME THAT THIS INSTITUTION WAS NOT SET UP TO TREAT SUCH A PROBLEM. THEN HE WENT ON TO SAY THAT I MUST HAVE THE C-PAP CALIBRATED. AFTER SUCH TEST I STILL HAVE NOT GOTTEN THE C-PRP TREATMENT AND HAVE SINCE BEEN SOLD A DREAM, AND REFUSED TREATMENT, FOR SORES ON MY BODY, FOOT FUNGUS, CHEAT PAIN, NUMBNESS IN LEFT ARM. ARTHRITIS LEFT KNEE LOWER BACK PAIN, DIZZINESS, HEADACHES. AFTER 6 MONTH I WAS FINALLY TREATED FOR A FISHER/BOIL ON ANUS. AT WHICH TIME AFTER THE OPERATION I WAS TOLD I COULD NOT HAVE DRESSING FOR THIS OPEN WOUND, THAT IT WAS A SECURITY ISSUE

RELIEF AND PUT MYSELF AT RISK FOR INFECTION BY DRESSING THIS WOUND
State briefly exactly what you want the court to do for you. WITH TOILET PAPER

Make no legal arguments. Cite no cases or statutes.

A SCANTION IMPOSED FOR EVERYDAY THAT MEDICAL STAFF HAS FAILED TO TREAT MY SLEEP APNEA, TO BE SEEN BY AN INDEPENDENT DR. TO DETERMINE ILLNESS AND CAUSE, AMOUNT OF PAIN THAT I HAD TO ENDURE FOR THE FAILURE TO MEDICATE THE PROBLEM, AND REFUSAL OF TREATMENT. FOR THE LEVEL OF PAIN AND SUFFERING. PUNITIVE AND COMPENSARY, DELIBERATE INDIFFERENCE ETC., IN EXCESS OF

\$450,000.00 FOR DAMAGES as well as specialists for diabetes which came on while incarcerated. Daily checkups AND TREATMENT OF ALL MEDICAL PROBLEMS AND THAT CONTINUED TREATMENT. flow these problems, also denial of legal mail leading institution. 5 years delay in treating Hepatitis C by Dr. Long. Dr. Kullar Dentist failed to treat infected teeth from Aug 7, 2000 to this date. Dr. Johns denying night employment because of insomnia, stating D.O. is not required to treat such a sleep disorder. Educational discrimination, neglect, negligence emotional distress, mental anguish, 8th cruel punishment due process violation being denied medical staff as witness at a misconduct hearing. C.O. Presk interfering with medical treatments
See Attached # 1

Signed this 9 day of May, 1999

Kim D Smith

(Signature of plaintiff or plaintiffs)

Executed at SCIC Smithfield Huntington County
(Name of institution, city, county)

I declare under penalty of perjury that the foregoing is true and correct.

Executed on Sept 18, 2000
(Date)

Kim D Smith
Kim D Smith

(Signature of plaintiff or plaintiffs)

and ordering inmate to sign refusal of treatment
when he was with hold ~~the~~ health care decision

Unit Manager Mrs Hannah holding inmates
to a higher standard not consistent with D.O.C
policy, acting as final policy maker.

C.O. Whypson harassment the repeatedly
searching inmates cells, when they are not
present, filing false reports harassment
abuse of power.

Sgt Sherry, destroying personal property
spitting in inmates food filing false reports
and letting other inmates into my property

C.O. Right depriving me access to library
cause Lt Simpson advised him to take
library privileges

Lt Simpson denying diabetic inmate meals
Sgt Using denying inmate the right to speak
to other ~~inmates~~ higher up Officers for
and about problems

Lucas, Clark, Beatty, Lopez denying inmate
educational programs

Hearing Examiner Morris denying due
process rights

Bureau of health care service denying
medical treatment for serious illnesses

Hersford Health System denying medical
treatment

CHCA Whose refusing health care for ~~7~~ 7 months C-Pop device while in RHC.

C.O. Creek interfering with health care
Dr Long 5 year delay in Dept C
Warden Morgan failure to train and
administer health care for serious illnesses
See Stark in failure to train

Dept of Correction failed to train its
health care personnel in the administration
of adequate health care

See Ex A Exemptions

Dr Kost SCIC claims x-rays show no back
problem, diagnosed with spondylosis L5-S1-L4 and
disc disease. Bones overlapping. Left wrist
premature termination HPC treatment. Denial
of Daily Accuekick for type 2 diabetes

R.N. Beane cutting diabetic medication without
authority or order. Presently in RHA 45 days
for disobeying order, ~~at~~ act of retaliation
for seeking adequate health care and to
discourage Beane's incompetence

Defendants

James Morgan
Mrs Busks

Hazel Zimmerman

R.N. K. Allen

Pa. M. Baker

Pa. Hoffman

Bureau of Health Care Services

Wexford Health

Cathy C. McVey

Dr. Long

Dr. Johnson

Mr. Hannah

Commissioners Board

State Correctional Institution Smithfield

Warden Billie

Mrs. Sewell

Dr. Kent

R.N. Berne

R.N. Wolfgang

R.N. Ambrose

Dr. Nixon

H. Jordan

C.O. Learn

State Correctional Institution Coal Downs

11 2
1 : CV01-0817

#3

Delay in treatment or no treatment at all
 5 year delay in treating Hepatitis C, 3 week
 plus delay in treating tooth ache, and action
 of retaliation toward plaintiff for filing
 claim

C.O. Brock interfering with health care, withholding
 a Pap smear after ordered to turn over such, Order
 Smith to sign a refusal of health care then issuing
 a misconduct. This C.O. Did not have medical
 knowledge or authority to order inmate to sign
 a refusal. I can deny such and not be
 subjected to punishment for such

C.O. Whypox and others conspired to cover
 up this act by claiming their was a note
 attached prohibiting this issuing of the device
 medical stated no such note was on the device

Failure of Warden and Dept. Of Correction
 to comply with grievances in a timely
 manner to comply with D.O.C policy since
 Sept 2000 I've not gotten any replies
 and since they violated D.O.C policy, I ~~do~~
 deem administrative exhaustion complete

DC-804**PART II**

**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17011**

**OFFICIAL INMATE GRIEVANCE
INITIAL REVIEW RESPONSE**

GRIEVANCE NO.

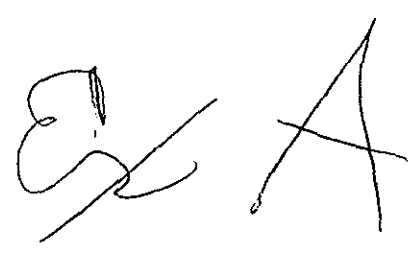
SMI - 353-00

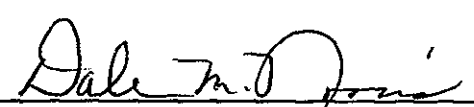
TO: (Name & DC #)	INSTITUTION	QUARTERS	GRIEVANCE DATE
CT-2162 Smith	SCI-Smithfield	H/2/32	9/26/00

For your information policy 6.5.1 Administration of Security Level 5 Housing Units became effective September 1, 2000, by the authority of Martin F. Horn, Secretary of Corrections.

The policy requires the institution to issue the RHU Inmate Handbook to inform inmates of the rules and regulations of the RHU. Also, part of the policy requires the Major of the Guard and the Deputy for Facility Management to review/revise the handbook annually. That is the reason for the signature on the front of the handbook.

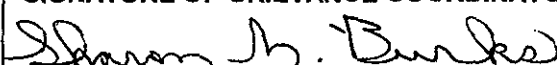
In that no policy has been violated, your grievance is denied.




Dale M. Norris
Major of the Guard

Category: Search

cc: Superintendent J. Morgan
Captain R. Glenny
DC 15
File

Refer to DC-ADM 804, Section VIII, for instructions on grievance system appeal procedures.	SIGNATURE OF GRIEVANCE COORDINATOR 	DATE 10/3/00
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DC-804
Part 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001-0598
01 FEB -9 PM 3:41

FOR OFFICIAL USE ONLY

0108-01

GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR <i>KANBAS DASCAH</i>	FACILITY <i>SCIG</i>	DATE <i>2-07-01</i>
FROM: (INMATE NAME & NUMBER) <i>Jim Smith CT216A</i>	SIGNATURE OF INMATE <i>Smith Jim</i>	
WORK ASSIGNMENT <i>N/A</i>	HOUSING ASSIGNMENT <i>D-1-02</i>	

INSTRUCTIONS:

1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. List in Block B the specific actions you have taken to resolve this matter informally. Be sure to include the identity of staff members you have contacted.

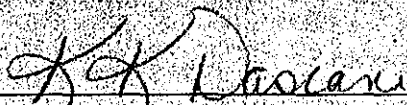
A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.

On 2-3-01 I was seen by Dr. Kost who terminated Hep C treatment. My 9-00 liver enzyme level was 888,000 and treatment was ordered for 6 months. On this date blood test showed a 86,000 drop in liver enzyme related to Hepatitis C, which is a clear showing that I was responding to this treatment. Moreover this treatment was to be a year before any significant results can be determined. The drop from 888,000 to 82,000 shows I'm responding. But Dr. Kost knew or should have known that to terminate put me at risk and could have harmful and severe consequences. Attempted murder and act of retaliation for filing a grievance after he told me to do so. Punitive, monetary, compensation, any damages for denial of this health care treatment and act of retaliation to a serious health need.

B. List actions taken and staff you have contacted, before submitting this grievance. Attach the copy of the DC-135A with the staff member's response of your informal resolution attempt.

Dr. Kost C.O. Pennington D-1 Block Officer

Your grievance has been received and will be processed in accordance with DC-ADM 804.



Signature of Facility Grievance Coordinator



Date

DC-804
Part 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY

0062-01

GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR DAS CAN I	FACILITY: SCIE	DATE: 1-29-01
FROM: (INMATE NAME & NUMBER) Kim Smith CT2164	SIGNATURE of INMATE: Kim Smith	
WORK ASSIGNMENT: N/A	HOUSING ASSIGNMENT: D-1-02	

INSTRUCTIONS:

1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. List in Block B the specific actions you have taken to resolve this matter informally. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used; maximum two pages.

Based on SCIS denial to let me use C-Pap device for sleep apnea, I'm now being denied such at SCIS.

Dr refused to treat lumbar, and shippage at L5-S1-L4 argue brace, but device restricts weight lifting which would aid and help problem, as employment. If he will not treat a condition, why deprive inmate his rec. as condition can worsen. To do such is a showing of neglect and is deliberately done. To file grievance as if nothing can be done. However to claim X-rays were normal for low back, left knee, left wrist, right shoulder, when I know better and a lay person could tell.

B. List actions taken and staff you have contacted, before submitting this grievance. Attach the copy of the DC-135A with the staff member's response of your informal resolution attempt.

Medinal Klaff

Your grievance has been received and will be processed in accordance with DC-ADM 804.

K H Dascan
Signature of Facility Grievance Coordinator

2/1/01
Date

DC-804
Part 2

RECEIVED
COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001

OFFICIAL INMATE GRIEVANCE

INITIAL REVIEW RESPONSE

NO.

FEB 15 PM 2:25
SUPERINTENDENT'S
OFFICE GRIEVANCE

0062-01
0108-01

TO: Kim Smith, CT-2162	FACILITY SCI-Coal Township	HOUSING LOCATION D-1-02	GRIEVANCE DATE 1-29-01 & 2-7-01
<p>The following is a summary of my findings regarding your grievance: Mr. Smith,</p> <p>Your hepatitis treatment was discontinued because your blood tests did not meet DOC criteria in order for the treatment to be continued, namely, a 50% reduction in your virus concentration with treatment. Your virus concentration only dropped 30%.</p> <p>It is well documented in your chart that while at Smithfield you refused C-Pap on multiple occasions and that treatment was discontinued before your transfer.</p> <p>Your x-rays of your back are normal and most certainly a back brace is not indicated. By your own words you stated, "that I will blow my back out while lifting weights". Therefore this activity will not be permitted.</p> <p>It is well documented that you did not complain of any shoulder problem.</p> <p>In your grievance you stated, "left knee, as a ward of the state, certain medical device should be provided." You neglect to state your specific problem. Once again there is no documentation that you requested a "medical device" or complained of a left knee problem. You also complained of nerve damage to right eye." There is no documentation that you asked Dr. Kort or signed up for Sick Call concerning this problem.</p> <p>Mr. Smith your medical chart has been carefully reviewed and these are my findings. If you are in need of medical care for one reason or another, please sign up for Sick Call.</p> <p>WJS/mp</p> <p>CC: Kandis Dascani, Superintendent's Assistant Inmate Records, DC-15 Unit Manager File</p>			
Print Name and Title of Grievance Officer <i>Wilma S. Sewell</i> <i>Corr. Health Care Admin</i>	SIGNATURE OF GRIEVANCE OFFICER <i>Wilma S. Sewell</i>		DATE <i>2.14.01</i>

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
2520 LISBURN ROAD, P.O. BOX 598
CAMP HILL, PA 17001-0598

THE SECRETARY'S OFFICE OF
INMATE GRIEVANCES AND APPEALS

February 8, 2001

Kim Smith, CT-2162
SCI Coal Township

Re: DC-ADM 804 - Final Review
Grievance No. SMI-0032-01

Dear Mr. Smith:

This is to acknowledge receipt of your letter to this office. Upon review of your letter, it is the decision of this office to file your letter without action because you have failed to comply with the provision(s) of the revised DC ADM 804 effective January 2, 2001.

In accordance with the provisions of the DC-ADM 804, VI D, 1, a proper appeal to final review should include photocopies of the Initial Grievance, Initial Review, the Appeal to the Facility Manager, and the Facility Manager's decision. The text of your appeal to this office shall be legible, presented in a courteous manner, and the statement of facts shall not exceed two (2) pages.

Review of the record reveals that your appeal is incomplete. An appeal at this level will not be permitted until you have complied with all procedures established in DC ADM 804.

Sincerely,

Tshanna Kyler

Tshanna C. Kyler
Administrative Assistant

101 547

File

DC-804
Part 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17004-0598
0177229 11:58

FOR OFFICIAL USE ONLY

0161-01
GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR SCIC K. Canbis	FACILITY: SCIS	DATE: 2-25-01
FROM: (INMATE NAME & NUMBER) Kim Smith CT2162	SIGNATURE of INMATE: Kim Smith	
WORK ASSIGNMENT:	HOUSING ASSIGNMENT: D-1-02	

INSTRUCTIONS:

1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. List in Block B the specific actions you have taken to resolve this matter informally. Be sure to include the identity of staff members you have contacted. *State return to medical Kim Smith*

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages. *On this date I want to sick call. I put in 2 slips one for each conviction. In reply to Mr. Jewell statement that my file showed I had not requested to be seen for these convictions. Even though I did in fact get some treatment. When seeing his assistant he stated pick one or two of these convictions or not get treated. When asking to see Mr. Jewell this assistant stated who the hell do I think I am, to get out of there before I receive a misconduct. Name and date told me to leave before I get a misconduct, I was forced to leave medical without being treated under threat of harm and misconduct. And the assistant threaten if I asked medical treatment or filed 2 sick call slips he would receive a misconduct. Under this threat I fear for my safety, and I am clear I will not get adequate health care. This assistant knew I would have known that to deny health care deprives me of D.O.C. requirements. Will seek monetary, punitive, compensatory damages for these denials.*

- B. List actions taken and staff you have contacted, before submitting this grievance. Attach the copy of the DC-135A with the staff member's response of your informal resolution attempt.

Mr. Krumm, Mr. Smith, request sent to Gellin and Mr. Jewell. Because of the level one denial I should not be forced to wait for their reply as some of the convictions could be life threatening.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

KK Dacan
Signature of Facility Grievance Coordinator

3/1/01
Date

WHITE - Facility Grievance Coordinator Copy

CANARY - File Copy

PINK - Action Return Copy

GOLDENROD - Inmate Copy

Revised

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
2520 LISBURN ROAD, P.O. BOX 598
CAMP HILL, PA 17001-0598

THE SECRETARY'S OFFICE OF
INMATE GRIEVANCES AND APPEALS

February 26, 2001

Kim Smith, CT-2162
SCI Coal Township

Re: Final Review
COA-0071, 0072-01

Dear Mr. Smith:

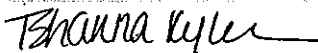
This is to acknowledge receipt of your letter to this office. Upon review of your letter, it is the decision of this office to file your letter without action because you have failed to comply with the provision(s) of the revised DC ADM 804 effective January 2, 2001.

In accordance with the provisions of the DC-ADM 804, VI D, 1, a proper appeal to final review should include photocopies of the Initial Grievance, Initial Review, the Appeal to the Facility Manager, and the Facility Manager's decision. The text of your appeal to this office shall be legible, presented in a courteous manner, and the statement of facts shall not exceed two (2) pages.

You have failed to include your appeal to the Superintendent and the Superintendent's response to your appeal.

Review of the record reveals that your appeal is incomplete. An appeal at this level will not be permitted until you have complied with all procedures established in DC ADM 804.

Sincerely,



Tshanna C. Kyler
Administrative Assistant

File

DC-804
PART 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA. 17001-0598

OFFICIAL INMATE GRIEVANCE

GRIEVANCE NO.

Sm-417-52

TO: GRIEVANCE COORDINATOR <i>Burke</i>	INSTITUTION <i>S.C.I.S.</i>	DATE <i>11-3-00</i>
FROM: (Commitment Name & Number) <i>Kim Smith CT2062</i>	INMATE'S SIGNATURE <i>Kim Smith</i>	
WORK ASSIGNMENT <i>N/A</i>	QUARTERS ASSIGNMENT <i>E-A-29</i>	

INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Brief, clear statement of grievance:

In Sept. I was told by P.R.C. and A. Zimmerman that I would be transfered. According to A. Zimmerman because I would not cooperate and advise her of my intent towards C.W. hypoxia that I would not be transfered. How could Zimmerman expect me to incriminate myself for a issue such as this then punish me by placing me on control unit, and deny transfer, for this reason. Claiming I refused transfer, which I did not, I went out of this place in the same way. Why am I being punished and it is cruel to hold me on C/U based on A. Zimmerman's expectation that I must cooperate and incriminate myself and inform her of some intent based on this idealism. If I am not to be transfered why am I being held on C/U and in such questionable (SEE ATTACHED

B. Actions taken and staff you have contacted before submitting this grievance:

*A. Zimmerman, Lt. Shoop, Beronio, Wm. May Heaster
Mr. Hannah, D. Williamson.*

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Grievance Coordinator

Date

PART II

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17011

OFFICIAL INMATE GRIEVANCE
INITIAL REVIEW RESPONSE

GRIEVANCE NO. SMI-417-00

TO: (Name & DC No.)	INSTITUTION	QUARTERS	GRIEVANCE DATE
KIM SMITH, CT2162	SCIS	E/A/2029	11/03/00

The following is a summary of my findings regarding your grievance:

I am in receipt of your grievance wherein you indicate that you have been unjustly placed into the control unit and that a transfer has been denied.


While it is true that PRC had previously denied a transfer request, that decision changed following your 30 day control unit review. I was unaware of PRC's previous stance on this issue and as a result, authorized the circulation of a transfer vote sheet for separation purposes. That recommendation was approved, and a transfer request is pending. My rationale for supporting the transfer was based on the concern for safety of staff. Your refusal to discuss your stance with regard to staff (and your) safety is interpreted by me as an unacceptable risk, and therefore, I support your transfer to the farthest location from your home region.

Your placement in the control unit is consistent with policy promulgated by Superintendent Morgan and is less restrictive than placement into administrative custody. Your placement into the unit is viewed as appropriate given your current and past circumstances, and that decision will stand pending the results of our transfer request.

Lastly, you should not consider a transfer (if approved by Central Office) as a solution to your Smithfield difficulties. Your difficulties are a result of your behavior, and that will follow you wherever you go.

rlh/jm

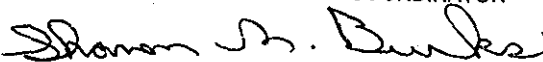
cc: Superintendent Morgan
Major Norris
Captain Glenn
Mr. Royer
DC-14
DC-15
File


R. L. Heaster, Unit Manager

11/22/00
Date

Refer to DC-ADM 804, Section VIII,
for instructions on grievance
system appeal procedures.

SIGNATURE OF GRIEVANCE COORDINATOR



DATE

11/27/00

DC-804
PART 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA. 17001-0598

OFFICIAL INMATE GRIEVANCE

GRIEVANCE NO.

413
Smi-~~48~~00

TO: GRIEVANCE COORDINATOR <i>Mr. Burke</i>	INSTITUTION <i>SCIS</i>	DATE <i>11-10-00</i>
FROM: (Commitment Name & Number) <i>Kevin Smith C.T. 162</i>	INMATE'S SIGNATURE <i>Kevin Smith</i>	
WORK ASSIGNMENT <i>N/A</i>	QUARTERS ASSIGNMENT <i>E-A-39</i>	

INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Brief, clear statement of grievance:

The hear advised that I can not get idol pay, because I'm on control unit. I thought no fault of my own. A. Zimmerman determined the denial of transfer and this placement claiming I would not cooperate, and inform her of my intent towards C.T. Whyang. I told her I intended to see him, and it appearing not to be good enough for her standard or expectation of this issue and threw no fault of my own, I'm being denied idol pay. I'm no control over staff's opinionated determination, and being held in a unit based on their determination, it would appear not to be my fault idol pay is being asked from Dept. papers to this date and forward. This confinement on Control Unit is not my fault and why am I being denied idol pay.

B. Actions taken and staff you have contacted before submitting this grievance:

Bivarrio, A. Zimmerman, Heoster, Employment Office

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Dan M. Burke

Signature of Grievance Coordinator

11/15/00

Date

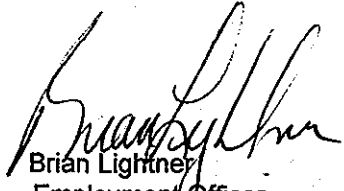
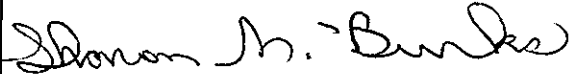
DC-804
Part II

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17011

OFFICIAL INMATE GRIEVANCE

GRIEVANCE NO.

SMI-413-00

TO: (Name & DC NO.) Smith, Kim CT2162	INSTITUTION SCIS	QUARTERS E A 2029	GRIEVANCE DATE 11-10-00
<p>The following is a summary of my findings regarding your grievance: In inmate Smith's grievance, he states that he is being denied idle pay because he is in the control unit and through no fault of his own he is being denied idle pay.</p> <p>Inmate Smith, CT2162, is not receiving maintenance payroll (idle pay) because on June 14, 2000 he received a misconduct and was removed from his job by the hearing examiner, also on June 16, 2000 he received a Class I Category A misconduct. As per the following DC ADM 816 F (2) any employed inmate found guilty of a Class I Category A misconduct shall be removed from his work assignment. DC ADM 816 I (1) Inmates who do not have a work assignment, including education, through no fault of their own are eligible to receive a daily allowance. Inmate Smith does not have a job due to his behavior and subsequent job removal. Also DC ADM 816 I (3) Inmates who are terminated from a work assignment are ineligible for a daily allowance until unit team action or reassignment.</p> <p>DOC policy and procedures have been properly followed in regards to inmate Smith's job removal and loss of maintenance payroll. The employment office will continue to provide assistance to inmate Smith's pursuit of employment provided it is within the guidelines set forth in DC ADM 816.</p> <p>Category: Work</p> <p>cc: Superintendent Morgan Major Tennis Captain Glenny Mr. Royer DC-15 File</p> <p> Brian Lightner Employment Officer 11-22-00</p>			
Refer to DC-ADM 804, Section VII for Instructions on grievance system appeal procedures	SIGNATURE OF GRIEVANCE COORDINATOR 		Date 11/22/00

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
2520 LISBURN ROAD, P.O. BOX 598
CAMP HILL, PA 17001-0598

THE SECRETARY'S OFFICE OF
INMATE GRIEVANCES AND APPEALS

December 13, 2000

Kim Smith, CT-2162
SCI Smithfield

Re: DC-ADM 804 - Final Review
Grievance No. SMI-0353-00

Dear Mr. Smith:

This is to acknowledge receipt of your appeal to final review of the above numbered grievance.

In accordance with the provisions of DC-ADM 804, VI D, as amended effective November 1, 1997, I have reviewed the entire record of this grievance; including your initial grievance, the Grievance Officer's response, your appeal from initial review and the Superintendent's response. I have also carefully reviewed the issues you raise to final review.

Upon completion of this review, it is the decision of this office to uphold the responses provided by staff at the institutional level. I find the issues raised for final review have been addressed by the Grievance Coordinator and the Superintendent, and their responses are reasonable and appropriate.

I concur with the responses already provided at the institution level. Accordingly, your appeal to final review must be denied.

Sincerely,



Thomas L. James
Chief Grievance Coordinator

TLJ:tck

pc: Superintendent Morgan

B-13

Form DC-135A INMATE'S REQUEST TO STAFF MEMBER		Commonwealth of Pennsylvania Department of Corrections	
		INSTRUCTIONS Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.	
1. To: (Name and Title of Officer) <u>Mr. Hannah</u>		2. Date: <u>1-04-01</u>	
3. By: (Print Inmate Name and Number) <u>Jim Smith CT2162</u> <u>Jim Smith</u> Inmate Signature		4. Counselor's Name <u>R. Zimmerman</u>	
		5. Unit Manager's Name <u>Mr. Hannah</u>	
6. Work Assignment <u>N/A</u>		7. Housing Assignment <u>H-B-13</u>	
8. Subject: State your request completely but briefly. Give details. <u>Mr. I never refused to use the arena device. And when reviewing my chart with Dr. Pulmiller there is no record of me refusing such. There are no power in H+J block cells to plug into, nor was the security issue about an extension cord ever addressed to safely use this device.</u> <u>@ On 12-19-00 I put in legal mail with cash slip signed by C.O. But it came back on 12-29-00 with no reason for its return. On 12-27-00 I gave this same legal mail to C.O. Bickon. On 12-28-00 my balance was 26.95 on 1-4-01 it was 22.93 missing \$4.02 which did not cover the 7.22 owed to cash slip 5.00 check 2.22 postage. So what I understand to mean this federal writ was not set out could you please check mailroom or inmate accounts and see if a 5.00 check was cut for U.S. District Court Western District and nature of 4.02 deduction so I can stop worrying about legal mail.</u>			
9. Response: (This Section for Staff Response Only) <u>I have addressed your request for the device to HCA Mr. Wecker.</u> <u>Inmate Accounts will not charge you for calls for January. Any other questions concerning your account need to be addressed to them.</u>			
<div style="display: flex; justify-content: space-between;"> TO DC-14 QAR only <input type="checkbox"/> TO DC-14 QAR and DC-15 TFS <input type="checkbox"/> </div> <u>Monthly Statement?</u> <div style="display: flex; justify-content: space-between;"> <div>Staff Member Name <u>Mr. Hannah</u> Print</div> <div>Date <u>1/4/01</u></div> </div>			

DC-804
PART 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA. 17001-0598

OFFICIAL INMATE GRIEVANCE

GRIEVANCE NO.

5m-032-0

TO: GRIEVANCE COORDINATOR <i>S. Burke</i>	INSTITUTION <i>SCIS</i>	DATE <i>1-05-00</i>
FROM: (Commitment Name & Number) <i>Kim Smith CT2162</i>	INMATE'S SIGNATURE <i>Kim Smith</i>	
WORK ASSIGNMENT <i>N/A</i>	QUARTERS ASSIGNMENT <i>H-B-13</i>	

INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Brief, clear statement of grievance:

On 1-04-00 I was told by Mr. Hannah that CHCA G. Wrenner stated I refused to use C-Pap device. Thinner I did not. On 1-03-01 me and Dr. Pulmiller went over medical chart and there was no evidence that I refused such. In June 2000 this device was taken from my property as well as a knee sleeve, and back brace. At that time Wrenner stated to contact him if I needed the device, all request since then have not been addressed and he is now denying me this health care, since I never refused such, and cell on J+H Block do not have power to use device as well as an extension cord to safely use the device.

B. Actions taken and staff you have contacted before submitting this grievance:

Dr. Long; Lt. Leon; St. Wrenner; C.O. Long
A. Zimmerman; C.O. Seguel; Mr. Hannah

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Donna M. Burke

Signature of Grievance Coordinator

1/5/01

Date

DC-ADM 804, Inmate Grievance System

Attachment B

DC-804
Part 2COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001OFFICIAL INMATE GRIEVANCE
INITIAL REVIEW RESPONSE

GRIEVANCE NO.

SMI-032-01

TO: (Inmate Name & DC No.)	FACILITY	HOUSING LOCATION H/B	GRIEVANCE DATE
Kim Smith CT-2162	SCI-Smithfield		1/05/00

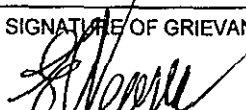
The following is a summary of my findings regarding your grievance:

You are indicating that the Corrections Health Care Administrator has denied you the use of the C-Pap device. You state that you never refused to use this instrument.

Disposition:

I am answering this request without the medical record. You have been transferred to another institution to which the medical record has been forwarded. What I remember of this situation is that you were placed in the Restricted Housing Unit. Medical staff observed that you had sufficient length of electrical cord on the device to plug into the electrical socket and use the device. You were not satisfied with this, therefore, you chose not to utilize the device for several months. You bring up the issue of an extension cord. Since it was determined that the device was useable without the extension cord, an extension cord was not provided. I also remember that before you got to the RHU there was a signed refusal on the medical record to accept the machine. Several months without the use of the machine produced no problems for you, therefore, Dr. Long discontinued the order for using the machine. This order was generated after I instructed medical staff to review the issue again for reissuing of the machine, prompted by Ms. Hannah's (Unit Manager) request that you wanted the machine again.

Category: HEALTH CARECc: Superintendent Morgan
Major Norris
DC-15
File

Print Name and Title of Grievance Officer	SIGNATURE OF GRIEVANCE OFFICER	DATE
George Weaver Corrections Health Care Administrator		1/12/01

DC-804
PART 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001-0598

OFFICIAL INMATE GRIEVANCE

GRIEVANCE NO.

0036-00

TO: GRIEVANCE COORDINATOR <i>Kambis K. Dascari</i>	INSTITUTION <i>SCIE</i>	DATE <i>1-16-01</i>
FROM: (Commitment Name & Number) <i>Kim Smith CT 3162</i>	INMATE'S SIGNATURE <i>Kim Smith</i>	
WORK ASSIGNMENT <i>N/A</i>	QUARTERS ASSIGNMENT <i>HD-1006</i>	

INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Brief, clear statement of grievance:

On 1-10-01 I came here as an Admin. transfer from SCIE-Sm at which time I was placed on A/C status pending review P.R.C. claiming this action is necessary. On 1-11-01 I saw P.R.C. saw me and imposed a 14 day sanction without justifiable reasoning and has failed to give me a DC-141 explaining reason for this continued confinement, I should not be punished or deprived rights because P.R.C. claims the need to review. My behavior since June 2000 does not warrant this level of abuse or deprivation of legal rights and access to the courts. Is this action a known D.O.C. policy or is this P.R.C. acting as policy maker for the D.O.C. issue failure to train in Admin transfer policy. On 1-16-01 at RHC^{AM} Bill line C.O. refused to give me Bureau officer name.

B. Actions taken and staff you have contacted before submitting this grievance:

P.R.C., Deputy Johnson, Deputy Lane, Medo, 4/m, St Miller, St Martins, RHC Block officers from 1-10-01 to this date.

Your grievance has been received and will be processed in accordance with DC-ADM 804

KK Dascari
Signature of Grievance Coordinator

1/18/01
Date

D-A-1002-2

DC-141 PART III
PROGRAM REVIEW COMMITTEE ACTIONCOMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS

[] Misconduct Appeal [x] Periodic review [] Other

DC NUMBER	NAME	INSTITUTION	DATE OF REVIEW	No. from PART 1
CT-2162	Smith, Kim	SCI-COA	1-18-01	203176

PROGRAM REVIEW COMMITTEE'S DECISION AND ITS RATIONALE

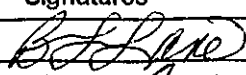
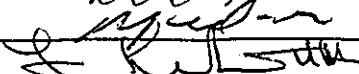
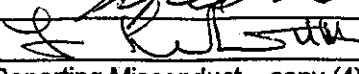
Mr. Smith is currently in A.C. status. He is an administrative transfer from SCI-Smithfield. He was placed in A.C. status on 1-10-01. He was interviewed in person by PRC. His adjustment in the RHU is described as satisfactory. Mr. Smith has a Custody Level of 5T. PRC releases Mr. Smith to general population on 1-18-01 to Housing Unit DA.

LK:jb

cc: DC-14
RHU (2)

DECISION RELATIVE TO HEARING COMMITTEE'S VERDICT

[X] Not Applicable [] Sustain [] Sustain-Amend [] Refer Back For Further Study [] Exonerate Inmate

Names of Program Review Committee Members	Signatures	Date
B.L. Lane, DSCS		1-18-01
R. Medon, U.M.		1/18/01
L. Kaskie, U.M.		1/18/01
copy (1)-DC-15 copy (2) - Inmate Cited copy (3) - Staff Member Reporting Misconduct copy (4) - Deputy Superintendent		

DC-804
Part 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONSP.O. BOX 598
CAMP HILL, PA 17001-0598
01 11:21 PM 1-21

FOR OFFICIAL USE ONLY

0062-01
GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR DAS CAN	FACILITY: SCIC	DATE: 1-21-02
FROM: (INMATE NAME & NUMBER) Kim Smith CT2162	SIGNATURE of INMATE: Kim Smith	
WORK ASSIGNMENT: N/A	HOUSING ASSIGNMENT: D-1-02	

INSTRUCTIONS:

1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. List in Block B the specific actions you have taken to resolve this matter informally. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.

- ① M.D. refused to treat back problem as given after living with such for 5 years, stating I was in jail.
 - ② Right shoulder, with arthralgia, bone spurs, with osteoporosis indifference refused to treat
 - ③ Sleep apnea, after being treated and using C-top device does being denied by medical staff at SCIS
 - ④ Left knee, as a ward of state certain medical devices should be provided
 - ⑤ nerve damage right eye orbital blow out, refused treatment
- A inmate should not be lied to by medical staff about health condition when they know better, and was treated in the past. Now should this confinement deny a inmate health care or condition not be addressed. In living denied medical treatment and forced to pay for these things when such should be provided for him

B. List actions taken and staff you have contacted, before submitting this grievance. Attach the copy of the DC-135A with the staff member's response of your informal resolution attempt.

Talk to medical staff, filed another grievance on same, M.D. this day. Met with indifference given incompetent, when stating I'm in jail and not to get adequate medical treatment

Your grievance has been received and will be processed in accordance with DC-ADM 804.

K K Dascan
Signature of Facility Grievance Coordinator

2/1/01
Date

DC-804
Part 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598

CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY

0163-01
GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR <i>K. Canbis</i>	FACILITY: <i>SCIC</i>	DATE: <i>2-27-01</i>
FROM: (INMATE NAME & NUMBER) <i>Kim Smith CT3162</i>	SIGNATURE of INMATE: <i>Kim Smith</i>	
WORK ASSIGNMENT:	HOUSING ASSIGNMENT: <i>D-1-02</i>	

INSTRUCTIONS:

1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. List in Block B the specific actions you have taken to resolve this matter informally. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages. *On this date at 9 am I was called to medical for a check and to see foot Dr. On the walk a C.O. requested to see Pass and I.P. and stated some other words. After I was given my pass I returned to block. This C.O. then called the block claiming I was returning with an attitude. I told this C.O. I didn't have an attitude that she did and walked away. This C.O. then continued to make statement. I take this C.O. action to be part of the oppression from medical on 2-26-01, and to deter and interfere with health care. 20 min later a Lt, Sgt U/M Smith called me into office, at which time the Lt. advised me if I exercise my 1st amendment rights I would be issued a misconduct for disobeying orders. He directly he stated that I'm to stand and endure any level of abuse and not say anything for 2 days I've been threaten by staff for exercising my rights and making health care. I feel this act and that act of 2-26-01 created a fear that caused me not to go to appointments out of fear to be issued a falsified unwarranted misconduct.*

B. List actions taken and staff you have contacted before submitting this grievance. Attach the copy of the DC-135A with the staff member's response of your informal resolution attempt.

Mr. Lt, Sgt U/M Smith called to tell and imposed a level of indifference, based on the C.O. opinion on the walk and her acts

Your grievance has been received and will be processed in accordance with DC-ADM 804.

K K Dascari

Signature of Facility Grievance Coordinator

3/1/01

Date

DC-804
Part 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY

0103-01
GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR <i>K. Canbis</i>	FACILITY: <i>SCIC</i>	DATE: <i>2-27-01</i>
FROM: (INMATE NAME & NUMBER) <i>Kim Smith CT 3162</i>	SIGNATURE of INMATE: <i>Kim Smith</i>	
WORK ASSIGNMENT:	HOUSING ASSIGNMENT: <i>D-1-C2</i>	

INSTRUCTIONS:

1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. List in Block B the specific actions you have taken to resolve this matter informally. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.

In this note at 9 AM I was called to medical for a sick call and to see foot Dr. On the work a C.O. requested to see Pass and I.D. and stated some other words. After I was given my pass I returned to block. This C.O. then called the block claiming I was returning with an attitude. I told this C.O. I didn't have an attitude. He said I did and walked away. This C.O. then continued to make statement. I take this C.O. action to be part of the oppression from medical on 2-26-01, and to detain and interfere with health care. Sometime later at 4 PM Sgt. W/M Smith called me into office, at which time the Sgt. advised me if I otherwise may let management know I would be served a misconduct for disobeying rules. He directly he stated that due to stand and endure any level of abuse and that say anything for 2 days has been threaten by staff for exercising my rights and asking health care. I feel this act and that date of 2-26-01 created a fear that caused me not to go to appointments out of fear to be served a punishment or misconduct.

B. List actions taken and staff you have contacted, before submitting this grievance. Attach the copy of the DC-135A with the staff member's response of your informal resolution attempt.

On 2-26-01, Sgt. W/M Smith called to me and expressed a level of indifference, based on the C.O. opinion and the work and new acts.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

K. K. Daccan

Signature of Facility Grievance Coordinator

3/1/01

Date

DC-ADM 804, Inmate Grievance System

Attachment B-

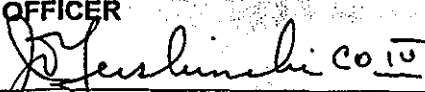
DC-804
Part 2

RECEIVED
COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMPHILL, PA 17008
JUN 11 8:58 AM

OFFICIAL INMATE GRIEVANCE
INITIAL REVIEW RESPONSESUPERINTENDENT'S
OFFICE

GRIEVANCE NO.

#0163-01

TO: (Inmate Name & DC No.)	FACILITY	HOUSING LOCATION	GRIEVANCE DATE
Kim Smith, CT-2162	SCICT	DA-1002	02-27-01
<p>The following is a summary of my findings regarding your grievance:</p> <p>Reference Commonwealth of Pennsylvania, Department of Corrections, Inmate Handbook, p. 3, #1 Rules (General), #8, which states, "following orders: You will, at various times, be given orders by officers, work supervisors, and other members of the institution staff. When you receive an order, you must promptly and properly do as you are instructed. You must immediately give your name and institution number to any employee when you are requested to do so, and show your I. D. card upon request by an employee."</p> <p><u>The officer requesting your name, institution number, and I. D. card was within policy</u></p> <p>The Area Lieutenant and Unit Manager spoke with you informing you of the aforementioned Inmate Handbook Rule, and advising you of the consequences of disobeying an order. No abridgement of your Constitutional Rights is noted, nor your ability to obtain medical care, pursuant to DOC/Institution policies and rules.</p>			
Print Name and Title of Grievance Officer	SIGNATURE OF GRIEVANCE OFFICER		DATE
J. T. Mushinski, Captain			03-03-01

DC-804
Part 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY

0282-01
GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR <i>K.K. Dascari</i>	FACILITY: <i>SCIC</i>	DATE: <i>4-4-01</i>
FROM: (INMATE NAME & NUMBER) <i>Kim Smith CTa162</i>	SIGNATURE of INMATE: <i>Kim Smith</i>	
WORK ASSIGNMENT: <i>N/A</i>	HOUSING ASSIGNMENT: <i>D-1-02</i>	

INSTRUCTIONS:

1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. List in Block B the specific actions you have taken to resolve this matter informally. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.

On 3-29-01 Nurse L. Wolfgang issued a misconduct for being in an unauthorized area. This came after DA block officer called medical and she advised him to send me to medical. He did not give a pass, if he had a med-pass, and her request to send me down on med-line one. I was disrespected by this nurse and told I was not entitled to accu-check for type 2 diabetes and she went on to state a non-existent D.O.C policy for accu-checks for type 2 diabetes. Accu-check was high 253, I'm not sure what signs of this illness this nurse required before it would be treated. So I had her gross negligence, malpractice, policy and practice she issued a misconduct to discredit me, and to hide her abuse and lies, after check stated it was 253 and left. If D.O.C policy for a chronic illness.

B. List actions taken and staff you have contacted, before submitting this grievance. Attach the copy of the DC-135A with the staff member's response of your informal resolution attempt.

Mr Smith and Mrs Swell

Your grievance has been received and will be processed in accordance with DC-ADM 804.

K.K. Dascari

Signature of Facility Grievance Coordinator

4/12/01

Date

DC-804
Part 1

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
BOX 598
CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY

0882-01
GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR <i>K.K. Dascari</i>	FACILITY: <i>SCIC</i>	DATE: <i>4-4-01</i>
FROM: INMATE NAME & NUMBER <i>Kim Smith CT 2162</i>	SIGNATURE of INMATE: <i>Kim Smith</i>	
WORK ASSIGNMENT: <i>u/a</i>	HOUSING ASSIGNMENT: <i>D-1-02</i>	

INSTRUCTIONS:

1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. List in Block B the specific actions you have taken to resolve this matter informally. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.

On this day during M.D. line seeing Dr. Mc something it was denied adequate health care, stating it was not a necessity that I get regular accu-checks for type 2 diabetes. Based on medical reports this type of diabetes is required to be checked often and regular, to prevent this condition from worsening. Dr. Mc something has projected gross negligence, deliberate indifference, malpractice, in the monitoring type 2 diabetes, and to justify the abuse of nurse Wolfgang and the level of disrespect she projects in inflicting her own personal opinion, and stating non-essential D.O.C. policy and denial of health care.

B. List actions taken and staff you have contacted, before submitting this grievance. Attach the copy of the DC-135A with the staff member's response of your informal resolution attempt.

Medical Staff

Your grievance has been received and will be processed in accordance with DC-ADM 804.

K.K. Dascari

Signature of Facility Grievance Coordinator

4/12/01

Date

2

RECEIVED
TOWNSHIP

Form DC-135A

S

Commonwealth of Pennsylvania
Department of Corrections

INMATE'S REQUEST TO STAFF MEMBER

APR -6 AM 11:32

SUPERVISOR'S

INDEPENDENT'S INSTRUCTIONS

Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.

1. To: (Name and Title of Officer)

Warden, Gillis

2. Date:

4-4-01

3. By: (Print Inmate Name and Number)

Jim Smith CT 2162

4. Counselor's Name

Mr. Lunn

5. Unit Manager's Name

Mrs. Smith

6. Work Assignment

U/A

7. Housing Assignment

D-1-02

8. Subject: State your request completely but briefly. Give details.

I was on 3-29-01 block office on DA. Called medical and Nurse Wolfgang said to send me. When I went this nurse started stating some off the wall stuff. I'm type 2 diabetic and should have been checked often, this nurse wanted to know symptoms, when stating such I feel and deaf ears, and then went on to state that I was not entitled. (A check was done, it was 253, which is high, and what kind of signs need to be exhibited, to hide her gross negligence, disrespect, lies, and abuse). She issued a misconduct 1-B 43 Presence in a unauthorised area. This came after block office was told by this nurse to bring me on med line one time. It was requested and I had a med pass. There was no need for block office to give me a pass. I should not have to be subjected to this from and abuse when seeking health care for a documented chronic health problem, nor disrespect as if my head were on. And it's grossly negligent not to order accu checks for type 2 diabetes.

9. Response: (This Section for Staff Response Only)

cc 4-4-01

Mr. Smith.

I'm forwarding this request slip to Mrs. Smith for her review & action as warranted.

CC DeLone
Mr. SewellTo DC-14 CAR only ☐To DC-14 CAR and DC-15 IRS ☐

Staff Member Name

Print

Frank A. DeLone

Sign

4-6-01

2

Form DC-135A		RECEIVED TOWNSHIP	Commonwealth of Pennsylvania Department of Corrections
INMATE'S REQUEST TO STAFF MEMBER		01 APR -6 PM 2:09	INSTRUCTIONS Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.
1. To: (Name and Title of Officer) <u>K.K. Dascari</u>		2. Date: <u>4-5-01</u>	
3. By: (Print Inmate Name and Number) <u>Kim Smith C2162</u> <u>Kim Smith</u> Inmate Signature		4. Counselor's Name <u>Mr. Lunn</u>	
6. Work Assignment <u>U/A</u>		5. Unit Manager's Name <u>Mr. Smith</u>	
7. Housing Assignment <u>D-1-02</u>		8. Subject: State your request completely but briefly. Give details. <u>Why have I not gotten a reply to March 2001 grievance in which I filed for sick leave taken off my account on 3-20-01 and I was approved for cable service. And, Business Office, Mr. Smith, Mr. Lunn, failed to cut on cable until late 3-6-01, when requesting a refund (per cable contract) did not have service for over 72 hours. Filed 3 grievances on this issue, Business Office, and Mr. Lunn, has continued to pass the buck back and forth on cable issue. And, have not addressed the issue of refund for the 6 day delay in the connection of cable.</u>	
9. Response: (This Section for Staff Response Only) <u>Grievance 0250-01 was assigned to Mr. Voetler for investigation and response. The time frame for response has not elapsed yet. You will receive your response in a timely manner.</u>			
To DC-14 CAR only <input type="checkbox"/>		To DC-14 CAR and DC-15 IRS <input type="checkbox"/>	

Staff Member Name

K.K. Dascari
PrintK.K. Dascari
Sign

Date

4/9/01

DC-804
Part 1

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY

0342-01
GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR <i>K Des Cani</i>	FACILITY: <i>SCI C</i>	DATE: <i>4-26-01</i>
FROM: (INMATE NAME & NUMBER) <i>Kim Smith CT2162</i>	SIGNATURE of INMATE: <i>Kim Smith</i>	
WORK ASSIGNMENT: <i>4/4</i>	HOUSING ASSIGNMENT: <i>H 106</i>	

INSTRUCTIONS:

1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. List in Block B the specific actions you have taken to resolve this matter informally. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.

on 4-13-01 I was brought to R.H. for 35 since being here have been denied linen, diet log at night, request, sick call slips, tooth past etc.

On 4-13-01 St Jordan, C.O Lewis, RN Ambrose, RN Bernae conspired to inflict serious harm and attempt murder by taking med line / medication for diabetes. On 4-17-01, Dr. order blood test diet, exercise and increase in diabetic medication on med line 3 at no time was any order directed to cut line one medication. R. Na Bernae and Ambrose took it upon themselves to supersede Dr. order and do so deliberately and wantonly to inflict harm and place Kim Smith at risk of serious injury or death and have so willfully with deliberate intent, these parties also interfered with the genuine blood test. When showing R. Na Bernae the Dr. order and there was no reason to cut med. states that the way it is and there nothing I can do.

B. List actions taken and staff you have contacted, before submitting this grievance. Attach the copy of the DC-135A with the staff member's response of your informal resolution attempt.

R.H. office, Med line Bernae Ambrose
L. L. Brown who supported this for
of medical abuse

Your grievance has been received and will be processed in accordance with DC-ADM 804.

K K Pascani
Signature of Facility Grievance Coordinator

4/23/01
Date

Warden Gillis

KIM SMITH CT-2162

D-1-02

Counselor

Mr. Dunn

Unit Manager

Mr. Smith

APPEALS TO GRIEVANCE

FILED NO REPLY

PER ADM. POLICY FOR SUCH.

APPEALS TO GRIEVANCES NUMBERS AND DATE

1-05-01 SMI. 032-01

Treatment for sleep apnea

C-PAP respirator

1-29-01 and 2-7-01 S.C.I.C. 0062-01, and 0108-01

Termination of Hep-C treatment, and Denial of C-Pap Device.

2-25-01 S.C.I.C. 0161-01 Denial of medical treatment
for serious illness, and pain from them

2-27-01 S.C.I.C. 0163-01 interference with health care

On 3-1-01 my cable was not turned on until 3-6-01
no reason for such and at present I can't get reply
to grievance of a refund for days I did not get cable
service, and all request for such have went unaddressed
by staff, business office, counselor, unit manager, Lt.
and other staff. I'm being told to contact the cable
company and request a refund and file breach of contract
I have gotten no reply to this or any of the above
grievance, and before I can move forward I must bring
these issues to your attention by D.O.C. protocol before
I can move forward into court and bring action.

And why have I not gotten a reply to grievance number 0161-
01 appeal filed on 2-26-01
which I now concerned about the delay.

I'm dissatisfied with what I being told and the policy that are claimed to be in
compliance with D.O.C. policy. By this policy I'm entitled to adequate health care
to a level that is a standard on the street, I should not have to plead with your
staff to obtain health care when it is a federal requirement that I get such, and is

Page 2

is gross negligence to deny treatment for known health condition, such as claiming back x-rays are normal when their are medical record that would support other wise and it proves a point that their is something wrong and Dr. Kort saw it and refused to treat why else would he deny me to work in kitchen, and deny rec. if this condition normal then their should be no restriction on me what so ever. *Suppage L-5-S-1-L*
Miss Jewell, Warden Gillie

Diabetes treatment for type 2 diabetes is not being complied with as I should get an Acu-check everyday, more over my complaints about low blood sugar when I wake and that I'm shakey, confused, sweet, and have chills have went unaddressed, and my request for a diabetic snack during the night, since Dr. Kort has prohibited me from working I'm unable to provide my self with the require needs to keep diabetes in check during sleep. *Miss Jewell, RN Wolfgang, Bernas, Ambrose, Dr. Simon please you not*
able to check. Claim a non-existent D.O.C. policy that prohibits such

C-Pap device for sleep apnea, I never denied it use and in the hole at S.C.I.S. their is no power in cells to use this device, even at that time I refused cause I was in the hole does not give mediocl staff a free ride to not address this issue. I bring this to your attention and have forward a copy to other parties in case any thing happens to me that cause me an injury and for future action, due to this deprivation of health care.

Hep-C protocol states that I inmate may get treatment for 6 months at that time a virual load check will be taken and if this load is not cut in half or show a 50% deduction then treatment will be terminated. At no time does this policy give Dr. Kort the authority to terminate pre-maturely without proable cause based on his personal opinion of what this policy may mean. In this case my virual load was 288,000 when I started treatment, and in 4 months it was 202,000 and showed a 30% drop in the virual load and it was taken pre-maturely the load that terminated treatment, if I was given the treatment for the full 6 month I may have met the requirements the D.O.C. et for this type of treatment.

And their is the fact that their was a ⁸ year delay in treating this condition, cliaming D.O.C. had a policy that prohibited inmates from being treated for this illness, goes against any and all medical standard, when a Dr. see a illness he is to treat if treatment is available.

Staff at this institution can not knowingly and intentionally enterferr with the PAGE

PAGE 3

health care of inmates, as I have been subjected to this abuse by C.O. and the PA, of the medical staff as well as Dr. Kort and Mrs. Sewell she has since proven that she will support the abuses and denial of health care to inmates from medical staff. At no time have I refused to be seen and with my illness I expect be seen and have them addressed and not be told by staff that they will not treat my illnesses or all of them because they do not feel like doing their job. And feel they can not be held accountable for their acts.

For these reason I appeal all the above listed grievances to your office and respectfully request a reply on this issues. I must exhausted this administrative remedies before I can go into federal court and failure to reply can be considered a denial to access to court and is being knowingly and ententionally done with malice, and wanton disregard to my rights and unconstitutional acts under the color of law. Would you have it that I die, go into a coma in my cell for the failure of your health care providers adequately treat health care problems, as I set and my health worsens I have no other chose but to go into federal court and sue you for adequate health care and any harms sustained for the delay in the treatment.

RESPECTFULLY SUBMITTED

A handwritten signature in cursive script, appearing to read "Kim Smith", is written over a horizontal line.

Appeal to Warden Gillis;

Grievance number 0161-01

Grievance Date 2-25-01

Grievance Decision Date 3-12-01

Inmate; Kim Smith CT-2162 **P-1-02**

Institution S.C.I.C.

EXC

I'm dissatisfied with the decision of Mrs Sewell and what the other medical staff told her regarding the denial of health care on 2-25-01 and the threat of misconduct if I seeked health care, and the nurses enforcing the threats of the Pa. Since Mrs Sewell has failed to provide me with the Pa. name at this time I can only state date and time of this issue. Feb. 25, 2001 at 9 a.m.

Mrs. Sewell has given me a number of reason which are not justified, in request sent her. One was because of my conduct I was denied treatment, next it was because I refused to be seen and the was what this Pa. falsely recorded in record, next it was becuase I would no pick one of the 10 sick call slips I filed. If I was adequately being treated on my condiction addressed their would not be an issue, but since I came here to this institution I have been repeated denied health care for medicial condiction that I have been being treated for, for over 5 years. Due to the delay in this health care or having the problem addressed, it has only worsen or developed into other condiction which would result in serious health problems. I have put in a number of request and the medicial staff has repeatedly refused to address these issues, as my health condiction continueally worsen. See the below listed condiction or health care problems that you medicial staff has failed to address, since Jan 10, 2001, even though I was being treated for these health care problems at S.C.I.S I was told by Dr. Kort I was not entitled to health care and thus the tthreats started when I attempted to seek health care. I will seek monentart, punitive, compensary damages for the pain and suffering I had to endure at the hads of the medicial staff here at this institution.

At no time was my conduct to a level that would result in a threat of a misconduct, or warrant a denial of health care. I never at any time in this institution refused health care, or to seek a Dr. and it is clear that any of my health care complaints falls on deaf ears and I'm told for what ever reason to sign up for sick call and these condiction do not get addressed. I've been denied

PAGE 2

health care for the below listed problems except the foot care issue in which I failed to show up for appointment because a guard went out of her way to oppress and deter me in seeking health care, in which I felt was deliberate and intentional.

1. Pain in liver from premature termination of Hep C treatment by Dr Kort stating that I was not reacting to treatment. I was denied a copy of the D.O.C. policy for this treatment, and when I started treatment I was told it would last a year and in 6 month a blood test would be taken to determine my viral load, which must be cut in half from the viral load start date. Dr. Kort terminated this treatment in early Feb. 2001, and start date at S.C.I.S. was late Sept. 2000. In 6 month this viral load should be cut in half at that time it would be decided to keep treating or terminate. I was reacting to treatment and viral load show a 30% drop in less than 6 month, but Dr. Kort saw it fit to deprive me of this treatment, and done so knowingly and intentionally and since I have not been able to have the pains in liver addressed by medical staff., and since I was not given a copy of this policy it is hard to believe that the D.O.C. set out to deprive an inmate with a known health care problem treatment when it was clear that they were reacting to treatment.

2. Dr. Kort denied lumbar support, for low back problem and since I have had to endure the pain. I had such at S.C.I.S. for years and Dr. Kort claims that x-ray report says back was normal, when I know better as I was in a Taylor brace for about 5 years with this back problem, even though he denied to treat this problem, he also denied and discriminated against me for employment claiming I have a back condition but has since failed to treat this condition. Moreover he has refused me the right to work out run etc. to keep muscles toned to stop the deterioration of this problem. And has denied me bottom bunk status and has forced me to climb in and out of bed with a back problem. Cruel punishment, gross negligence, malpractice, and damages will be requested.

3. Sores on leg, arms, face which have been there for 5 years I'm being denied treatment and because of the delay in treating this condition correctly it may have developed into skin cancer or worse, and I have no way of knowing since I'm being denied health care.

4. Pain in left wrist from work related injury at S.C.I.S. where left wrist was injured, in which x-rays show bones overlapping in the wrist, denied health care.

5. Right shoulder pain, with arthritis, osteoporosis, and bone spurs denied health care, left shoulder pain from A/C joint removal suspect arthritis in that shoulder to

PAGE 3

but know way of knowing since I'm being denied health care.

6. Pain in right cheek facial orbital blow out, with never damage, create head aches often.

7. Right ear problem since late July 2000 that has not went away right ear ache.

8. Sores, dry, flakey, fungus feet.

9. I'm being denied daily blood sugar test for my diabestis 2 with maybe resulting in the dizziness, head aches, sweets, and confusion ever day as I'm unable to keep track of this sugar level every day. And I've been denied the right to see a diabestis specialist for this condiction. Dr. Kort told me I can only get a blood sugar test once a month, which I feel is gross neglience, and denial of health care for this problem.

10. C-Pap device for sleep apena is where during sleep I stop breathing during an hour of sleep 16 or more time at 16 or more seconds each time. At S.C.I.S. I had this C-Pap resporator, becuse I was on D/C, A/C status and the cells in the hole did not have power to use this device, and I was no provided with a extention cord to safely use it, and since have been denied such at this institution, and Mrs. Sewell states that because I refused such at S.C.I.S. I was not entitled to such here, and what took place at this institution should not have any affect on health care here. Even If I refused it at that time which I did not, does not give medical staff the right to deprive me of this health care now. Putting me at risk for serious health care problems with live, lungs, respatory system, brain heart, when oxygen level in blood stream get low because of this medical condiction, to deni,y me this health care is being done deliberately, with indifference, malice, wanton infliction of pain, to bring about a desired affect, deprivation under the color of law, to serious health care problems and for delay which it may create.

Continued prolong delay in treating this condiction has injured me and has subjected me to seriuos illness, and pain that I must endure. And because I can not obtain a copy of D.O.C. policy for Hep-C treatment I must consider the acts of Dr. Kort to be delibrate and a attempt at murder, gross negliance, malpractice, and conspiracy as I feel he has the medical staff acting to support all his deprivation and act under the color of law to discriminate against a group of inmate who seek health care for serious illnesses.

RESPECTFULLY SUBMITTED



KIM SMITH CT-2162
1 KELLEY DR.
COAL TOWNSHIP PA. 17866-1021

APRIL 1, 2001

J.A. Holmberg
PA. STATE POLICE
Troop G. Hollidaysburg
N. Juniata St.
Hollidaysburg Pa. 16648

Ex D

1510

In Re: Assault by Correction Officer during Strip Search in RHU at S.C.I.S without
Proable cause, in a sadistic manner that was unwarranted. *June 16, 2000*

Dear Sir; *16*

On June ~~16~~, 2000 I was strip search in the whole at this institution and got 30 days in the whole for calling a C.O. Whysong a dick head. During this strip search the attending officer with out proable cause knowingly and intentional forced me face first into the wall repeatedly causing the loss of front right side tooth. This forces was unwarranted and without cause as I did not cause a disturbance that would result in the use of excess force. Nor was this act done to protect himself or others. It was done in a sadistic manner set to inflict harm and such was wantonly done without concern for rights or policy. Their is no justification for this officer to repeatedly force an inmates face in a wall for no reason outside he believed he could and not be held accountable for his acts. It is well state that the failure to train can be said to be the cause of an injury, as this officer knew or should have known that this act violated my rights, and with wanton disregard, malice, intentional wanton infliction of harm he did in fact injury Kim Smith with such force that it would be considered abuse by any human standards.

I do not know the name of this officer by I done know the Lt. that was their at the time Lt. Simpson I must check for others name.

I addressed this issue with the D.O.C. who has failed to reply or address any of

PAGE 2

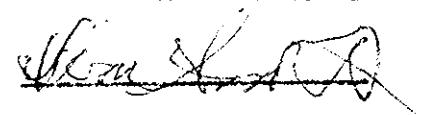
the issue of this assault, and S.C.I.S. has fail to reply to this issue and I have suffered a lost tooth, that the root had to be pulled out and a large opening in the front of mouth, which hinders my ability to bite food, and will last me for the rest of my life, because this R.M.U. officer saw fit to abuse his power and abuse me in the exercise of his duties under the color of state law. I have also addressed this issue to this office in which you failed to either act on it or passed the buck as if this never took place and I'm the one who has suffered and was abused for no reason and your office has refused to address this form of abuse by Correctional Officer, as my missing front tooth would be enough to state a cause of action you have failed to see me or address this issue, be advised I've set this letter to a person and the U.S. Attorney in hopes and prayers that he will aid me in this issue, since it has been clearly shown that your office is not willing to address the form of abuse in the state correctional system, and I can not continue to be abused at the hands of correctional staff and not say anything about it, as I feel my cries are falling on deaf ears. You must understand the state and federal government has set up standards that must be followed, and anyone who steps outside of this standards can be held liable.

When investigating a crime its not to call the institution and get their opinion of record but to interview the claiming person and see for your self if a injury or abuse has taken place, since I have not seen anyone from your office and your reply to my first letter I feel your discerned with the abuses within these institutions, because I'm an inmate it does not make me less creditable, when claiming abuse.

For these reason I'm resubmitting my request to have your office investigate this abuse and review the tape of the day in question, if their is no tape then it is an act to cover up this abuse. And I'm sure that they falsified record to justify their wrongful acts of abuse against me for what ever reason the see fit. Moreover I feel that a fact that a number of staff has gotten in my face claiming to know the victim and his family, and that the victim family is politically correct, and has contact in this area makes me believe, that your failure to investigate may be rooted in this, level of abuse. for this reason I once again bring this issue to your office for investigational reasons and for charges of assault, conspiracy, abuse of power, 8th amendment violation, policy and practice, negligence, malpractice, excess force, personal injury, etc. be investigated, in this case.

CC. 3-20-01

RESPECTFULLY SUBMITTED



Kim Smith 0T2162
P.O. Box 999
1130 Pike St
Huntingdon Pa. 16652

RECEIVED
SEP 06 2000
COMPLAINTS OFFICE

Sept 1, 2000

EP
E

Com of Pa
Dept of State
Bureau Prof and Occupational Affairs
P.O. Box 2649
Harrisburg Pa. 17105-2649

Complaints Office:

Sir:

I've a number of complaints and I will try
and address them completely one at a time.

- ① For 5 years I've been told I had high liver enzymes
which was connected to Hepatitis C, a general
elevated liver enzymes and a positive antibody
test for HCV (Anti-HCV) chronic hepatitis C.
And Dr Long told me treatment is 1 year
but records state 18 to 24 treatment program

COMMONWEALTH OF PENNSYLVANIA
Department of Corrections
State Correctional Institution
At Coal Township
Medical Department
May 3, 2001

SUBJECT: Response to Inmate Request DC-135A
Ref: Kim Smith, CT-2162

TO: Deputy Johnson

FROM: 
Wilma J. Sewell
CHCA

Inmate Smith is correct when he stated that his ACCU cheks were elevated over the past seven days. Our Medical Director ordered the seven-day evaluation in order to determine which plan of treatment he would choose. On 4-30-01, inmate Smith's test results were reviewed. At that time, an additional medication was ordered to attempt to control inmate Smith's blood sugar. Also ordered was a fasting ACCU-Chek in one week and another panel of blood tests in two weeks.

As you can see, inmate Smith is receiving appropriate diabetic care. He needs to be more patient to allow the physician to make the necessary determinations before a change in treatment can occur.

WJS/mp

Cc: Inmate Kim Smith, CT-2162, RHU
File(DT-2162-dsfm)

I never saw Dr on 4-30-01 7 days worth of accu chek tests is inadequate to evaluate a treatment plan, and the one decided on by Medical Director almost cost me my life, as on second day of taking this medication I had a bad reaction because blood sugars dropped so low that it threw me out and I could not get to call father. Without concern to my health or safety this Dr ordered a medication that would increase the 20 mg of glyburide with very little concern for consequences or affect on my safety.

When I asked about the 5 year delay he stated that some D.O.C policy prohibited from treating this serious illness and put me at risk to develop liver damage from this virus.

I feel for a Dr to know of a serious life threatening illness and not treat it for 5 years is a clear showing of medical neglect, negligence, deliberate indifference, willful misconduct, malice, cruel punishment, mental anguish discrimination, equal protection under state and federal constitution, emotional distress, mental and physical injury, pain and suffering, in the delay in treating this Hepatitis C disease.

Staff here has also denied me the right to be tested for hepatitis C disease for 3 1/2 years, since for a number of years during most of my exposure.

It would this issue be better addressed in federal court 42 U.S.C. § 300aa-26

- ② Since April 2000 I've been complaining about upper right rear teeth, Dr. Kullar, wanted to pull 2 teeth, I felt the filling needed fixed, she sawed on but the other she claimed was too far gone.

Aug 4, 2000, from and office showing me face first

into the wall repeatedly broke root stem of left front capped tooth, while eating a pear tooth came off. For 2 weeks I was advised dental treatment, on Aug 4, 2000 she removed root, and put in 3 stitches and desired pain medication. At this time I advised her of tooth ache and problems with the tooth she claimed to have fix. Advised me I would be on list to see oral Dr, but as of this date she gotten no treatment, right cheek is sore to the touch, and right ear is infected and still my request go unaddressed.

Would this level of abuse and neglect be better addressed in the federal forum.

Please file these 3 complaints in your office and advise me of your decision.

Respectfully Yours

Theresa Smith

Kim Smith CT2162
P.O. Box 299
1120 Pike St
Harrisburg Pa. 16652

RECEIVED

SEP 12 2000

COMPLAINTS OFFICE

Sept. 8, 2000

EJ F

Pa. State Board of Medicine
P.O. Box 2649
Harrisburg Pa. 17105-2649

Dear Sir:

The reason for this letter is I am concerned about a number of medical issues in my life and what I am being told by medical staff at S.C.I.S. regarding my health care needs or treatments, or lack of treatment by D.O.C. health care providers.

1.) July of 95 I came to D.O.C. that all health care test it was determined at that time I had high liver enzymes, and I was given periodic blood test and the resulting test showed high liver enzymes that showed a hepatitis C virus. For 5 years I was not treated putting me at risk for other liver disease connected with hepatitis C such as hepatocellular carcinoma, cirrhosis, (scarring)

In July 95 I was sent to S.C.I.S. where

Dr. Long took over my health care and for 5 long years test showed high liver enzymes. Not until Aug. 2000 did Dr. Long tell me I had Hepatitis C and to my knowledge I was denied a liver biopsy to confirm what level of liver damage I had. But none the less I started treatment of injection once a week for a year at the end of Aug. 2000, I should be getting my second shot the end of this week.

When Dr. Long advised me I had Hepatitis C I ask him why was there a 5 year delay. He claim D.O.C. production prohibited him from treating this disease. Which I feel is not just to be aware of a illness or a disease and refuse to treat it goes against any and all medical standards of professionalism and to cite a policy that clearly shows a deprivation under the color of law and state and federal civil rights violation, cruel punishment, deliberate indifference, malice, fraud, wanton infliction of emotional distress, mental anguish, policy practice, discriminating against black inmates as a whole. It is unjustifiable to know of a health care problem and not address it for a 5 year period, by any medical standard.

The Osteoarthritis in right shoulder with mild arthritis and bone spurs, and I was being denied a bone density test, as well as my request

for this medical problem goes unaddressed and she not afforded the right to see a specialist. The same with my diabetes, which is a year old and she has denied the right to see a specialist for this condition, and left to the determination of C.H.C. A. George W. Moore R. N. who failed to reply or address my request, and Dr Long who does the same.

On Aug 4, 2000 I had a coat top pulled by Dentist Dr. Kullar here at S.C.I.S. in which she refused to give me any form a pain medication after she put 3 stitches in gums, stating Dr. Long prohibited her from giving me pain medication. June 2000 she called herself repairing 2 fillings in 2 teeth she wanted to pull, she saved one and messed up one she was to put me on list to see oral surgeon, but took me off. This came after repeated request of a tooth ache, that went unaddressed. Aug 7, 2000 I once again informed her and more advised I was on the surgeons list for Aug 2000 as of the date Sept 3 2000 this tooth ache has not been addressed and she suffered, sore gums, and pain in that tooth, some drainage, sore cheek, which I feel drainage from tooth has infected ear, and some jaw stiffness, she sent her a request or week and Dr. Kullar has failed in her professional responsibility to address medical condition, as well as C.H.C. & G. W. Moore.

and ~~the~~ health director Dr. Long, I feel this substandard medical treatment of inmates at S.C.I.S. can not go unaddressed, and would you please inform Peoples Medical Society to contact me.

Also would you please advise me of the steps I must take.

Respectfully Yours

Ann Smith

Statement of Claim

In United States District Court for Middle District
Pennsylvania

Kim Smith

VS

Ex G

Secretary Horn Bureau Health Care Services

Dept of Corrections

Thomas L. James

Commonwealth of Pa. Dept of State

Bureau of Professional & Occupational Affairs

James Morgan Warden SCIS

L. Burke Assistant Warden

C.H.C.A G. Weaver

Dr Long

Pa. Hoffman

Pa. Baker

R/V. K. Allen

H. Zimmerman

A. Biviano Deputy of Treatment

A. Zimmerman

Dr. Kullar

C.B. Bigelow

C.O. Eisele

C.O. Whysong

Capt Glenney

Major Naeres

Warden Ellis SCIC

Mrs. Stewart

Dr. Kato

Deputy Lane

Dr. Roma

Deputy Johnson

RN Bernas

St. Gula

RN Wolfgang

RN Ambrose

St. Jordan

Temporary Restraining Order

to be part
of 1988

And now comes Kim Smith this 4th day of Jan 2001, a lay person not lettered in legal matters in this motion Temporary Restraining Order with sanction in money damages for the delay in medical treatment.

① Sept 1999 I was diagnosed with diabetes, lock in the infirmary for a week. Taking insulin injection, and oral medication till stabilized, Dr Long treated this condition. I was released with oral medication. I requested to see a specialist for this diabetic condition and was denied. Filed a grievance with the Dept. of Correction and was told that it was not a necessity. The illness makes it a necessity to be seen by Dr who address diabetic illness. A 16 month delay in treating this condition has had harmful consequences. A sanction in money damages should be imposed as this type of treatment goes against Dr Long licensing.

② In Sept 2000 I was told by Dr Long that I have hepatitis C and this diagnosis was based on a high

3

enzyme. When asking Dr. Long why there was a 5 year delay in treating this illness he claimed a Dept of Correction had protocol that prohibited him from treating this illness. Since treatment for hepatitis C (interferon was founded in 82 for human use.) To deny such treatment for a 5 year period as a learned physician goes against his medical license. To know of a medical condition and refuse or fail to treat. And the Dept of Correction would not practice such a policy that would put me at risk for serious liver damage and even death, for the delay and if the Dept of Correction did practice such a policy until Sept 2000 a sanction in money damages in the amount of \$ 1,000.00 per day for all inmates who was with hepatitis C from July 95 to Sept, 2000, terminated by the KSCC prematurely closing ^{non-existent v.p.c. reinstated}

③ For 5 years I've complained about sores on body and been denied to see a skin specialist. Neglect sanction for delay.

④ For 5 years I've complained about dry fungus feet and was denied the

4

right to see foot specialist, even though I was given some treatment the condition never went away. Negligence

⑤ In March 2000 after a 4 year delay I was granted the right to get a C-Pop device. I spoke to C.H.C. Dr. G. W. Searles on Tuesday and was to pick up the device on Thursday on nurse line. Hazel Zimmerman takes the device to F Block so C.O. could get use to seeing the device. On Thursday I go to medical and nurse Ms Butler advised me I was to bring the device, I told her I did not have it. Jackie Grove told Ms Butler to issue a misconduct. Ms Butler calls F Block and instructs them to give me the device. C.O. Erek refused to give me the device then went on to order me to return to medical and sign a medical refusal form which I refused to do. This Officer knew or should have known that to deny me my health care device interfered with my health care. This C.O. Erek ~~is~~ issued a misconduct and was given 30 days cell restriction, and loss of pay, C.O. Erek on other

5

Officers on the 6-2 shift as well as C.O. Whypong on the 2-10 shift knowingly entered into a conspiracy claiming that G. Weaver put a note on the device that prohibited these Officers from issuing the device. And C.O. Whypong signed an affidavit to the effect there was a note on the device that prohibited Officers from issuing the device. G. Weaver states it was a lie, ~~not~~ note was affixed to the device. The Dept of Correction; C. H.C. A G. Weaver; Dr. Long; Secretary Horn; Bureau of Professional & Occupational Affairs; C.O. Ersek; C.O. Whypong; James Morgan Warden S. Burke; Hazel Zimmerman; should have a sanction imposed upon them in the amount of \$250,000.00 in the failure to train the Officers in the administration and application of orders for inmates health care. And to not interfere with order of health care professional and impose their own personal judgement on the health care of inmates. C.O. Ersek for his willful and deliberate misconduct and abuse of power as well.

In June 2000 while in RHA I was denied this device and the use, as there were no power in RHA cells to plug device in. Dr. Long and Mr. Baker falsified record claiming I refused this device and I never did. Because of their acts I still being denied its use at JCTC based on the acts of the above parties 5-9-01

C.O. Wikhyong should have sanction imposed upon them in the amount of \$150,000.00 for their wrongful acts and willingness to inflict harm,

due sleep apnea in which during an hour of sleep I stop breathing 16 or more times at 16 or more seconds each time.

This causes oxygen level in blood to go down putting me at risk for serious medical injury as damage to heart, lungs Brain, liver, and respiratory system

On June I came to hole at which time Capt. Glenn; Hazel Zimmerman, G. Weaver A. Bivansio; Major Norris took C-Pap from my property as well as a knee brace and back support. Pa. Baker claims I refused to use the device which I did not. The reason for being denied this health care device is there is no power in cells on J+H Block to plug the device into, and all request to use this device to Dr. Long G. Weaver; A. Zimmerman; Mr. Hannah Capt. Glenn; A. Bivansio have went unaddressed.

For the denial of health care the Warden James Morgan as well as

7

(6A)

G. Weaver is now denying me the use of the C-Pap device claiming I refused to use it several times which I have not. Since June 2000 there has not been any power in cells plug outlet and he is not justified in denying me health care for this serious and life threatening breathing illness. From June 14 2000 I've been denied the use of this health care device by Capt Glenn and G. Weaver as they feel because I'm in the hole I'm not entitled to this health care, and are acting as policy makers for the Dept of Correction. A sanction should be imposed on G. Weaver and Capt Glenn for every day they deny me this health care and use of C-Pap device for breathing it is cruel to deny such. Sanction in the amount of \$2000.00 per day for violation of health code no power in cells and the denial of the use of the C-Pap device from June 14, 2000 until I'm able to use. All request for such has went unaddressed

8

the above listed parties should have a sanction imposed on them in the amount of \$1,500.00 a day for everyday that for being denied use of C-Pop device in cells with no power in them since June 14, 2000 to this date for medical neglect and negligence and failure to provide a safe cell with power to inmates who have health care problems and need power to use them.

① In March 2000 I saw Pa Hoffman for right shoulder pain, at which time he attempted to have me take anti-inflammatory medication in which I had allergic reaction to, this comes before he order X-ray to see the problem. After 8 weeks an X-ray was ordered that showed Osteoporosis with mild arthritis with bone spurs. I was given calcium pills for 30 days Pa Hoffman terminated this medication and I've not been given treatment since and all request for treatment have went unaddressed. Due to the pain and suffering I've had to endure a sanction should be im-

passed in the amount of \$250,000.00 for his abuses and denial to adequately treat.

⑧ In 1999 I was see for left wrist and hand pain from a work related injury. X-ray showed in left wrist that there was a bone disfigurement and bones overlapping each other. I was denied medical treatment for this condition for over 18 months and had to endure the pain. Sanction should be imposed for the delay in health care in the amount of \$50,000 against Dr Long; Warden James Morgan is the failure to adequately train medical staff in the administration of health care \$250,000.00 and secretary Horn \$500,000.00.

⑨ Pa Hoffman and Pa Baker knew or should have known that to examine Smith thru a hole in the door was inadequate to determine and diagnose an ear infection with fluid that lasted since Aug 2000 to this date and denial to let me a ear, eye, and throat Dr. And a sanction should be imposed for inadequate health care in the amount of \$10,000 per month

RN Barnes cutting diabetic medication without authority as Dr. Oakes have let Jordan to issue misconduct to cover up his incompetence. RN's Wolfgang & Ambrose stating a non-exacting D.O.C. policy that prohibited inmates with type 2 diabetes from getting Daily Dose check. RN Wolfgang even issued a misconduct in an attempt to justify a denial of this treatment.

(10) Dr. Kullar in the delay in pulling infected tooth from July 2000 to Sept. And for pulling a root tip in front of mouth putting in 3 stitches and not giving any medication for pain claiming Dr. Long prohibited him. A sanction should be imposed against Dr. Kullar in the amount of \$1,500.00 per day for the pain and suffering from July 2000 to Sept 2000 in her delay to treat. And for the Bureau of Professional & Occupational Affairs for the failure to fine a licensing violation in the practices of Dr. Long, Pa. Bate; Pa. Hoffmann; Dr. Kullar in the amount of \$2,500,000.00 and any sanction for other inmates that may have been injured at the above persons hands.

For these reasons and the on going abuse I bring this motion and any delay in treatment will cause a sanction to be imposed.

Respectfully Submitted

Jim Smith

Jim Smith

45 days in hole, for disobeying order, to leave medical my diabetic medication

Order

And now this — day of —
— it is the order of the court
that sanctions are imposed as requested
for the abuses of the listed parties
in this motion.

By the Court

Proof of Service

I certify that on or about Jan 5, 2001 a true and correct copy of this motion was sent to the below listed parties

Office of the Clerk
U.S. District Court
Middle District of Pa
Mary D'Andrea Clerk
Federal Bldg
11 Washington Ave & Lander St
P.O. Box 1143
Scranton Pa 18501

Kim Smith

To DC-14, CAR and DC-15 IRS ☐

Revised July 2000

Form DC-135A		Commonwealth of Pennsylvania Department of Corrections	
INMATE'S REQUEST TO STAFF MEMBER		INSTRUCTIONS Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.	
1. To: (Name and Title of Officer) C.H.C.A. G. WEAVER		2. Date: 1-03-01	
3. By: (Print Inmate Name and Number) Jim Smith CT2162 <i>Jim Smith</i> Inmate Signature		4. Counselor's Name A. Gernsman	
		5. Unit Manager's Name Mr. Hannah	
6. Work Assignment N/A		7. Housing Assignment H-B-13	
8. Subject: State your request completely but briefly. Give details. I'm at present I'm having problem breathing and I would like to have C-Pap device during sleep I'm being told I can not have such, which I feel is denying me my health care Diagnostic testing for related illnesses ② treatment for osteoporosis bone spurs, mild arthritis and bone density test ③ see specialist for diabetes ④ see for low back pain ⑤ skin dr for sores on skin ⑥ foot dr for dry fungus feet ⑦ C-Pap ⑧ another blanket left for second C.C-1-3-01			
9. Response: (This Section for Staff Response Only)			
To DC-14 CAR only <input type="checkbox"/>			
To DC-14 CAR and DC-15 IRS <input type="checkbox"/>			

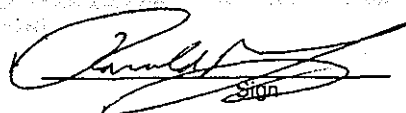
Staff Member Name _____ / _____ Date _____
 Print Sign

Form DC-135A INMATE'S REQUEST TO STAFF MEMBER	Commonwealth of Pennsylvania Department of Corrections INSTRUCTIONS Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.
1. To: (Name and Title of Officer) <i>Dr. Long</i>	2. Date: <i>1-3-01</i>
3. By: (Print Inmate Name and Number) <i>Kim Smith CT2562</i> <i>Kim Smith</i> Inmate Signature	4. Counselor's Name <i>R. Zimmerman</i> 5. Unit Manager's Name <i>Mr. Hannard</i>
6. Work Assignment <i>N/A</i>	7. Housing Assignment <i>H-B-13</i>
8. Subject: State your request completely but briefly. Give details. <i>① Test for asbestos related illnesses; ② treatment for osteo- porosis porosis, mild arthritis and bone spurs right shoulder and a bone density test ③ request to see the specialist for diabetes ④ low back pain ⑤ sores on skin need cream, request to see skin Dr. ⑥ dry fungus feet need cream, request to see foot Dr. ⑦ request to have C-Pap device returned to me as I'm still having problems breathing when I sleep. Another blanket and left shoe please Would you please address these issues ASAP, some of these things have been going on for 5 years and have not cleared up or have I been granted the right to see specialists. CC-1-3-01</i>	
9. Response: (This Section for Staff Response Only)	
To DC-14 CAR only <input type="checkbox"/>	To DC-14 CAR and DC-15 IRS <input type="checkbox"/>

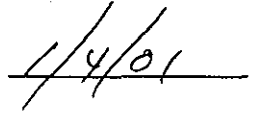
Staff Member Name _____ / _____ Date _____
 Print Sign

Form DC-135A		Commonwealth of Pennsylvania Department of Corrections	
INMATE'S REQUEST TO STAFF MEMBER		INSTRUCTIONS Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.	
1. To: (Name and Title of Officer) <u>Mr. Long</u>		2. Date: <u>12-29-00</u>	
3. By: (Print Inmate Name and Number) <u>Kim Smith CT2162</u> <u>Kim Smith</u> Inmate Signature		4. Counselor's Name <u>Mr. Bismarck</u>	
		5. Unit Manager's Name <u>Mr. Hannah</u>	
6. Work Assignment <u>N/A</u>		7. Housing Assignment <u>H-B-13</u>	
8. Subject: State your request completely but briefly. Give details. <u>I've been having dizziness spells for the last week and</u> <u>a half. They come when waking and last for 30-30 min</u> <u>to a point I must lay and hope it passes. Its been on</u> <u>going and is affecting eyes. Would like to see someone.</u> <u>I'm still having problems in right ear, pain and</u> <u>fluids, would like to see someone. I've been for about</u> <u>this problem since Aug and it has not cleared up and I've</u> <u>been repeatedly charged for the same medication and treatment</u> 9. Response: (This Section for Staff Response Only) <u>need to see specialist, please put me in for such.</u> <u>Renew foot cream, and a cream for sores on body.</u> <u>Mr. Smith,</u> <u>Sign up for such call.</u>			
To DC-14 CAR only <input type="checkbox"/>		To DC-14 CAR and DC-15 IRS <input type="checkbox"/>	

Staff Member Name

Ronald Long, M.D.
Print

 Sign

Date


 4/4/01

Form DC-135A		Commonwealth of Pennsylvania Department of Corrections	
INMATE'S REQUEST TO STAFF MEMBER		INSTRUCTIONS Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.	
1. To: (Name and Title of Officer) <u>De Long</u>	2. Date: <u>12-16-00</u>	3. By: (Print Inmate Name and Number) <u>Wm. Smith CT2162</u> <u>Wm. Smith</u> Inmate Signature	4. Counselor's Name <u>A. Burchmore</u> 5. Unit Manager's Name <u>Ms. Hannah</u>
6. Work Assignment <u>N/A</u>	7. Housing Assignment <u>H-B-10</u>	8. Subject: State your request completely but briefly. Give details. <u>need to have education checked out, and, need to have</u> <u>legs, eyes, ears, heart and stomach x long time, kidney</u> <u>and colon, gall, kidney pain, and I need to sit down and</u> <u>rest to someone about this. My heart is not in</u> <u>all general health and not feel any good, feel as</u> <u>if something is wrong.</u>	
9. Response: (This Section for Staff Response Only) <u>Mr. Smith,</u> <u>you are scheduled to me 12/21/00</u>			
To DC-14 CAR only <input type="checkbox"/>		To DC-14 CAR and DC-15 IRS <input type="checkbox"/>	

12/28/00

DC-804
PART 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA. 17001-0598

OFFICIAL INMATE GRIEVANCE

GRIEVANCE NO.

Smi-326-98

TO: GRIEVANCE COORDINATOR <i>Mr Burke</i>	INSTITUTION <i>SCIS</i>	DATE <i>7-29-98</i>
FROM: (Commitment Name & Number) <i>Kim Smith CT2162</i>	INMATE'S SIGNATURE <i>Kim Smith</i>	
WORK ASSIGNMENT <i>Kitchen</i>	QUARTERS ASSIGNMENT <i>I-A-39</i>	

INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Brief, clear statement of grievance:

After getting a spine, sleep study and pulmonary test
 Dr order a C, pap on a regular basis during sleep to
 help breath during sleep since I was test, and I
 stop breathing during sleep a number of times for
 a number a second. This prolonged period of not
 breathing has a damage effects on heart, lungs and
 brain, so with deliberate indifference to my health
 care need, and the life threatening aspect, Wexford
 Health, and Dept of Correction refused to treat
 this problem, after taking me through a number
 of tests to find the problem only to refuse treatment
 which is causing mental anguish, fear and ^{and is a very possible} ~~denial of medical~~ ^{treatment}

B. Actions taken and staff you have contacted before submitting this grievance:

Dr. Long, Pat Gage, Health Care at Camp
 Hill Central Police Bureau with care
 Dr. Long advised me to take these steps to obtain
 treatment.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Sharon M. Burke

Signature of Grievance Coordinator

7/31/98

Date

DC-804
PART 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA. 17001-0598

OFFICIAL INMATE GRIEVANCE

GRIEVANCE NO.

SMI-419-98

TO: GRIEVANCE COORDINATOR

INSTITUTION

DATE

FROM: (Commitment Name & Number)

INMATE'S SIGNATURE

WORK ASSIGNMENT

QUARTERS ASSIGNMENT

INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Brief, clear statement of grievance:

In Sept I saw Dr. Long regarding treatment for my asthma. At which time I was told during an hour of sleep I sleep best lying 16 times at between 16-25 seconds each. After contacting Wexford, Dr. Lewis and other health care persons I feel that this medical treatment applicable is being biased with deliberate indifference to my health care needs and safety. Why do they let me throw testing only to expect treatment because of the timing of when it is. I have on my heart and brain, I trust this matter for your attention.

B. Actions taken and staff you have contacted before submitting this grievance:

Wexford Med Dept, Camp Hill, PA, Dr. Lewis, Wexford, Dr. Lewis, C/H, Dr. Long, Dr. Lewis, Dr. Lewis

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Grievance Coordinator

Date

DC-804
PART 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA. 17001-0598

OFFICIAL INMATE GRIEVANCE

GRIEVANCE NO.

gmi-070-00

TO: GRIEVANCE COORDINATOR <i>Mrs. Burks</i>	INSTITUTION <i>SCIS</i>	DATE <i>1-22-00</i>
FROM: (Commitment Name & Number) <i>Kim Smith CT2162</i>	INMATE'S SIGNATURE <i>Kim Smith</i>	
WORK ASSIGNMENT <i>Kitchen</i>	QUARTERS ASSIGNMENT <i>F-B-29</i>	

INSTRUCTIONS:

1. Refer to the inmate handbook Page 12 and DC-ADM 804 for information on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. Next, you are required to list in Block B the specific actions you have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Brief, clear statement of grievance:

I've not been seen by a specialist to determine my diabetes and diagnosed, my certified Dr. for the past 6 mos. I've not been seen about kidney pain or abdominal pain which I feel is connected to diabetes, and told by Dr. Long that I must pay to see a urologist, even though I was once again treated for kidney and abdominal pain by Dr. Dolores. As still as of this date I've not gotten a C-top device and I feel it's a 5th amendment violation to know of a condition and health threat and not treat it. This lack of treatment my be an effectuating cause and reason for my health condition to day. Denial of Medical treatment

B. Actions taken and staff you have contacted before submitting this grievance:

CHCA G Weaver, Dr. Long, C. Dix Bond Service, Crider

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Dawn M. Burks

Signature of Grievance Coordinator

1/25/2000

Date

DC-804
PART II

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P. O. BOX 598
CAMP HILL, PA 17001-0598

OFFICIAL INMATE GRIEVANCE

INITIAL REVIEW RESPONSE

GRIEVANCE NO. SMI-030-00

To: (Name and DOC No.)	Institution:	Quarters:	Grievance Date::
Kim Smith CT-2162	Smithfield	F/B 29	1/22/00

The following is a summary of my findings regarding your grievance:

1. You are requesting to be seen by a specialist.
2. You again make reference to the C-Pap machine.

Disposition:


1. All requests for a specialist must be first approved by the Medical Director, and then approved through Utilization Review. Just because a patient has requested to be seen by a specialist does not make it happen. There must be documented medical necessity in order for a specialist to be approved.
2. The request for the C-Pap machine has been addressed in a previous grievance.



Grievance Officer 2/8/00

Category: Medical

cc: Superintendent Morgan
Deputy Biviano
Major Norris
Captain Glenn
DC-15
File

Refer to DC-ADM 804, Section VIII for instructions on grievance system appeal procedures.	SIGNATURE OF GRIEVANCE OFFICER 	Date: 2/10/00
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COMMONWEALTH OF PENNSYLVANIA
Department of Corrections
SCI-Smithfield
Superintendent's Office
814-643-6520
February 22, 2000

SUBJECT: APPEAL TO GRIEVANCE # SMI-030-00

TO: Kim Smith, CJ 2162
F Block

FROM: James M. Morgan, Superintendent

This is in response to the above-mentioned grievance wherein you contend you have a right to see a specialist regarding your medical condition and that you are being denied preventative medicine for any condition arising out of your original medical issue. In the initial response, your grievance was denied by the grievance officer, Mr. Weaver. He explained the medical review process to you and noted that your request for a C-Pap machine had been addressed in previous grievances.

I support Mr. Weaver. Medical decisions must be reviewed by our medical director and then there is a utilization review process. This is the same process any citizen with an HMO has to go through in order to receive care. I find that the medical staff has acted appropriately in responding to your health care concerns. Your grievance is denied.

JMM/lgh

cc: Mr. Weaver
Ms. Burks
DC-15
File

Form DC-135A		Commonwealth of Pennsylvania Department of Corrections	
INMATE'S REQUEST TO STAFF MEMBER		INSTRUCTIONS Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.	
1. To: (Name and Title of Officer) MRS. SEWELL		2. Date: 3-26-01	
3. By: (Print Inmate Name and Number) KIM SMITH CT-2162 <i>Kim Smith</i> Inmate Signature		4. Counselor's Name MR. SUNN	
		5. Unit Manager's Name MR. SMITH	
6. Work Assignment U/A		7. Housing Assignment D-1-02	
8. Subject: State your request completely but briefly. Give details. I'm requesting to be put on diet line for diabetic and to get a A1C check ever day with this type 2 diabetes. As it is I often wake with low blood sugar and have head aches and chill, and often sweat during the night, because blood sugar goes seriously low during sleep putting me at risk for serious problems, in the future. Since being here I've only been check 2 times for this condition which is chronic in nature, and I should not have to sign up for sick call and I'm concerned about the threat when seeking treatment for my other health care problems and I'm not sure if I will be treated as I have run into lies, and deliberate indifference towards inmates health care in this institution. Since I have not been seen by a specialist for this condition I'm concerned of the damage it may cause from being inadequately treated, as my eye sight seem to failing me at this time, and I'm concerned about colon cancer and other illness connected with diabetes when not properly treated.			
9. Response: (This Section for Staff Response Only) <i>Mr. Smith,</i> <i>Please sign up for sick call.</i>			
To DC-14 CAR only <input type="checkbox"/>		To DC-14 CAR and DC-15 IRS <input type="checkbox"/>	

Staff Member Name

Print

P. J. Sewell
Sign

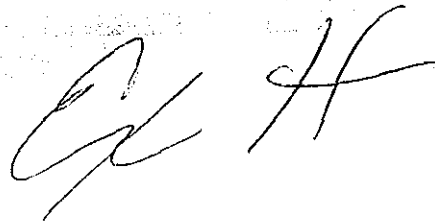
Date

3-29-01

Kim Smith CT - 2162
1 Kelley Dr.
Coal Township Pa. 17866-1021

April 2, 2001

Chief Secretary's Office
of Inmate Grievance and Appeal
Department of Correction
2520 Lisburn Rd.
P.O. Box 598
Camp Hill Pa. 17001-0598

A handwritten signature in dark ink, appearing to be 'GK H', is located to the right of the address block.

In Re: D.O.C. Policy, DC - ADM. 804 and the reply to these grievance in a timely manner consistent with this policy for grievances and replies.

Dear Sir:

I have filed a number of grievances at this institution and staff has failed to reply to any of these below listed grievances, or address them as some of these abuses and denial of health care continues, to a point it is becoming cruel punishment, and a deprivation under the color of law. And I feel the failure to address these grievances is a cover up for the level of abuse they are inflicting on inmates and they state non-existent D.O.C. policy to enforce this abuse and denial of health care. I'm under the impression that when addressing health care issue the or the inmate can go directly to central office with the complaints and any delay in the treatment or expectation to comply with DC-ADM. 804 when there is no reply forthcoming or the staff in the institution denies to reply only prolongs the process and any required treatment. I find that the nurses in this institution are imposing standards that they are not trained for. Example I have type two diabetes, and I'm taking the pill for such, this type of diabetes should have blood sugar check often and on a regular basis. On 3-29-01 I was told by Nurse Wolfgang that I was not entitled to blood sugar checks, that I have to have symptoms that require this test, and showed no concern that I was

PAGE 2

already diagnosed with the condition and was taking medication for such. And on 3-30-01 a nurse Burnest states that I must show symptoms, that I was not entitled to such, that I must pay \$ 2.00 co-pay to get a blood sugar test for this chronic problem which is a violation of D.O.C. co-pay policy for chronic problems. This same day Capt. Mcshinsky went to medical with me and he was told by the nursing staff that I was not entitled to such that it was a D.O.C. policy that inmates with this type 2 diabetes was not entitled to blood sugar check that I must sign up for sick call and get evaluated for this condition again. That the D.O.C. policy stated I was not entitled to this kind of treatment and act as it is not a chronic problem.

This form of abuse has continued threw the D.O.C. for over 7 years of my incarceration and even when I have the symptoms and have proven such with my high blood sugar of 218, 367, 253 and this is even with taking the pill and when I request block office opn D-1 to call medical that I'm having symptoms of blurred vision, head aches, sweats, chills, shakes, the still failed to address this issue and tell me I'm not entitled to this health care and to sign up for sick call which is a delay in any treatment that maybe coming. My concern is with HEALTH CARE AND A JUSTIFICATION OF IT DENIAL. Like on 3-29-01 Nurse Wolfgang that the name I was told wrote me up stating that I argued with her about the denial of blood sugar test to justify her denial to treat my blood sugar problem on this day that was 253 in the a.m. whci is high and the fact the Dr. Kort has not ordered coverage and has denied me the blood sugar check even though he knows of my diabetes shows gross negligence, malpractice and is knowingly and intentionally done to deprive health care. No learned Dr. would deny a inmate blood sugar check for diabetes type 2, or see if such is high, and when I complain about this condition it goes unaddressed. So this issue because it is not being adequately addressed maybe the resulting factor in present illnesses and problem as loss of sight, sores on body, bad feet, pain in kidney, and liver, the head aches, dizziness, what must I do pass out on walk before I can get adequate treatment, by then it will be to late. I request that you address this issue and make a determination on the below grievance so I can move forward and on into federal court for these on going violation of my rights by those who has authority over me and act under the color of state law. And these rights and safeguards have repeatedly been violated to the point of cruel punishment and has had harmful consequences on Kim Smith in the delay in health care.

PAGE 3

See Below

Grievance No.	Date	Institution	Decision Date	Inmate
0161-01	2-25-01	S.C.I.C	3-12-01	Kim Smith
0032-01	11-2000	S.C.I.S	unknown	Kim Smith
0071-0072-01	1-2001	S.C.I.C	unknown	Kim Smith
0062-01-0108-01	1-29-01	S.C.I.C	unknown	Kim Smith
	2-7-01			
0163-01	2-25-01	S.C.I.C.	unknown	Kim Smith

Their is another grievance that I may not get a reply to and this is regarding my type two diabetes and the blood sugar test on a daily bases to ensure that I my pancrest shuts down total the required treatment would be give in a timely manner so it does not cause any additional harms. A nurse Wolfgang and Burnest are imposing a policy that is not in compliance with D.O.C. policy, and requiring more then is standard for someone in this condiction and I feel I'm being denied treatment and that I'm diagnosed with this condiction and should no have to repeatedly sign up for sick call for this condiction to justify their personal desire or prove to them that I have a problem and even when I have complained of such I was told I would be charged for this chronic problem, so two grievances were filed, and because of this institution track record in repling to may grievance I bring this medical condiction and treatment to your attention so I can move forward. I know their reasoning for not repling they do not wish me to move forward and expose their abuses. If I can not prove exhaustion of administrative remedies I can not sucessfully file a claim, so this is why I believe the have do replied, and that they are very aware of their abuses and deprivation under the color of state law and violation of the federal constitution. I feel I must move-forward on these issues, and need your decision on these thing.

For these reason I submit this t letter and appeal in compliance with DC-ADM. 804 and staffs failure to reply.

cc3-30-01

RESPECTFULLY SUBMITTED

